



**The Society of Cardiothoracic Surgeons
of Great Britain and Ireland**

THE BULLETIN

JULY 2002

I would like to start my term as President of your Society by thanking Jim Monro for his excellent work over the past two years. Together with the efforts of Bruce Keogh and Rob Lamb he has ensured that the Society is in remarkably good shape to face the changes which will inevitably take place over the next few years.

Financially, Rob Lamb's efforts as treasurer will ultimately enable a system of Society scholarships and bursaries. We are also hopeful that the Annual Scientific Meeting will become a free benefit of membership which, I am sure you will agree, will make this event even more attractive. As seen in Bournemouth there have been changes in its organisation with Graham Cooper taking on the role of Meetings Secretary. Concorde Services have now been completely dispensed with. This has meant a lot of hard work for Graham, Rob and Isabelle Ferner, our administrator. Although new at conference organisation, they did a remarkable job with the Bournemouth meeting and I am sure will go from strength to strength in the future. They deserve all of our support as we depend on the meeting for so much of our income.



The future holds some major challenges. The greatest of these is the publication of individual surgeons' results in April 2004. I know that many of you are very apprehensive about this and feel that local support and infrastructure is inadequate. Both the Society and individual surgeons will have to put pressure on Trusts in order to ensure that data collection is accurate, risk adjusted and validated. The Executive and I will not only be working hard at a National level but will also be happy to help locally if at all possible.

We all recognise the implications of such data release. Although most of us would prefer data to be released on a unit basis the political decision is for the release of individual data and we must learn to handle that. Two years' data will be published in April 2004 and from April 2005 three years' aggregated data will be released on a rolling basis. It is imperative that we highlight and address all areas of concern well before the end of 2003. We are, of course, totally opposed to the use of league tables and will be working to find a way of presenting the data in a fair and representative way.

All surgeons have a responsibility to monitor their performance and, as you know, the Society keeps a close eye on the results of marker operations. I would emphasise that the Society is not a disciplinary body and if any surgeon feels they are under pressure from any quarter then they should come to us for help. If a surgeon's results are satisfactory we will give full support. If they are not, then we must develop a mechanism to ensure that appropriate and effective help is available. The Royal College of Surgeons is already working on a framework for this and, as the first speciality to be affected, the Society will be taking a major part in this.

The recruitment and training of thoracic surgeons also gives concern. Thoracic surgery is under considerable pressure with the new initiatives in cancer management, and upper gastro-intestinal surgeons are performing much oesophageal cancer surgery. Both the Society and the Royal Colleges are working to ensure that the speciality develops and progresses. The Thoracic Forum, a group of dedicated thoracic surgeons, is also making great efforts to attract new recruits into the speciality and ensure that the training they receive will both maintain and improve standards in pulmonary and oesophageal surgery in the UK.

Largely due to the Herculean efforts of Bruce Keogh, we are now well regarded by the Department of Health. It is vital that we continue to develop suitable structures and relationships which ensure the continued well-being of the Society and its members. The Executive needs your support and ideas to further regenerate confidence in our speciality after what have been a very difficult few years.

Colin Hilton, President



From the Secretary - Bruce Keogh

There is always a lull in Society business after the Annual Meeting, but this year it provides an opportunity for us to reflect on both the philosophy and the practicalities of the public release of outcome data which is upon us. We all have major reservations about the philosophy of public disclosure of individual surgeons' results when the thrust of the NHS is towards increased team working and when surgeons have little or no formal influence over the selection or behaviour of the extended team. This argument has been presented and rehearsed in every conceivable forum over the last 18 months. Whilst philosophy is subjective and coloured by individual perception the practical issues surrounding data collection and release are pretty objective. The stark reality is that 30% of units in England still don't have adequate facilities for effective data capture in the form of either a networked computer system or dedicated data manager. Although funding was agreed in January this year the Department of Health has not specifically ring-fenced money for this endeavour, but instead has devolved the responsibility to the new Strategic Health Authorities through the patient choice initiative. This is a disappointing strategy which guarantees a significant delay but will ultimately provide us with breathing space. We must be careful, however, to ensure that we are not the fall guys. We cannot be perceived to be dragging our feet on such a high profile issue.

Over the last year or so our anaesthetic colleagues have been debating the issue of surgeon specific data and wish to highlight the importance of anaesthesia and intensive care on surgical outcomes. As a result the President of the Royal College of Anaesthetists wrote in April, on behalf of the College Council and the Association of Cardiothoracic Anaesthetists, to the DoH, ministers and the CMO informing them that they had "decided that it would be in the public interest to record the

names of anaesthetists as well as cardiac surgeons". They expect that this data will be published alongside surgical outcome data and that it should be seen "as the start of more meaningful collection of information which would allow more sensible inferences to be made on grouped data". This will be announced by the President in the Royal College of Anaesthetists Bulletin in July.

In the meantime I am in the final stages of producing the next database report (the blue book) where the lack of facilities in different units will be highlighted and the difficulty of collecting reliable data will be emphasised through a focus on missing data, even in those units with good systems.

We continue to work with Dr. Foster on the production of a 300 page book on heart disease which will demonstrate our commitment to improving communication with patients and the public – a deficiency for which we have been criticised in the past. The British Cardiovascular Intervention Society are now considering joining as are the Department of Health. The proposed table of contents for this book should be on the website by the time you read this article.

Since the Society Meeting a number of new working groups have been established to address thoracic surgical audit (Professor Tom Treasure), standardise cardiac and thoracic consent forms (Mr Roger Vaughan) and the affiliation with the South African Society of Thoracic Surgeons (Professor David Wheatley). In keeping with our drive to provide tangible support for our members we are also establishing a distinction awards committee, chaired by Professor Ken Taylor to provide additional support at a local and national level for members who have made a contribution to the Society and the speciality.

Your Executive 2002 - 2003

President	Colin Hilton
Vice-President	Patrick Magee
Honorary Secretary	Bruce Keogh
Honorary Treasurer	Robert Lamb
SAC Chairman	Peter Goldstraw
ICB Chairman	Andrew Murday
Cardiothoracic Dean	Leslie Hamilton
Cardiothoracic Skills Tutor	Christopher Munsch
Meetings Secretary	Graham Cooper
Young Consultants Rep	Jonathan Hyde
Eire Rep	David Luke
Trainee Rep	Mike Lewis
ODTC Rep	Graham Morrirt
Co-opted Thoracic Rep	Andrew Thorpe
Elected Members	James Roxburgh, Terence Lewis, Robert Bonser, Mark Jones, Steven Hunter, Alan Faichney

Subscriptions for 2002

Collection of subscriptions commenced with the registration fees for the Annual Meeting in March. Unfortunately we still have a considerable number of members who have yet to pay. It is important that we spend as little time as possible chasing debtors.

If you are unsure as to whether or not you have paid, drop Isabelle, our administrator an email for confirmation (sctsadmin@scts.org).

The last page of this bulletin is a tear-off form for those of you who have not paid your subscription.

Rates for 2002 are:

Consultant	£215
Trainee	£110
Overseas	£110
Associate	£50
JTCVS	£100

ANNUAL SCIENTIFIC MEETING 2002

Bournemouth International Centre

After many years of using the services of a specialist company, we finally decided we had come-of-age and it was time the Society took on the task of organising the Meeting itself. A Meetings Group was formed comprising Graham Cooper (Meeting Secretary), Robert Lamb (Hon Treasurer) and myself. The combination of optimist and pessimist, believer and cynic, created a constructive forum for pushing the event ahead. After months of meeting, phoning, emailing and organising, we agreed that we had done the best job that we could and hoped that the delegates would enjoy themselves over the next four days and be tolerant of the inevitable hiccups.



James Monro, President

The 250 delegates were registered with minimal delay and the majority seemed happy with the service they received. A very big thank you has to go to the administration team which, in addition to the 'Meetings Group', comprised Southampton Cardiac Unit secretaries and admin staff and two very willing and energetic medical students.

The Postgraduate Day kicked off with a glorious stroll down the promenade bathed in late winter sunshine. Of course, any delegate attending the main body of the meeting would find this description a little economical with the truth. The wet lab, unlike the weather, was as good as ever, run by Professor John Pepper. However, it was disappointing that not all trainees who pre-registered turned up on the day. The wet lab has always been very popular and many individuals have to be turned down during the pre-conference registration process, which makes it all the more frustrating. The afternoon sessions that followed more than fulfilled their educational requirement and ended with a relaxing and informative look at the history of our speciality.

The venue itself proved very popular, despite initial concerns regarding its location. It was ideally situated for a short stroll to the hotels, the city centre or even a refreshing dip in the sea!! The interior layout enabled delegates to move smoothly from registration to exhibition to scientific programme, with staff on hand to guide presenters to the speakers' room downstairs.

There were changes to the programme this year with some well received surprises. We split the Business Meeting to encourage more debate than can usually be accommodated, although some still expressed disappointment that even more time was needed.

The two Jaguars in the Purbeck Hall provided a novel addition and were popular with both delegates and exhibitors alike. Similarly, a big welcome was given to 'Hearts Inc', a group of three Devonshire GPs, who provided refreshing, original and hilarious after-dinner entertainment. The St Jude scholarship was awarded at the annual dinner as were this year's prize-winners.



Pat Magee visits the exhibition

The Scientific Programme was of an expected high standard. The volume of submitted abstracts, almost 250, ensured this as just 48 could be selected. Both symposia were excellent and satisfied all corners of the membership. Although it was disappointing that Alain Carpentier was unable to stay for the entire meeting, his contributions on both Sunday and Tuesday were of the expected standard. A big thank you to all abstract reviewers, presenters and chairmen for their contributions.

The Exhibition was some 37% larger than ever before with attendances from many companies never previously seen at our meeting. Feedback from all of them was very positive indeed and, without the involvement of a third party, our relationship with the industry should now blossom.

Delegate feedback was extremely positive regarding all aspects of the conference. This had all occurred with a net reduction in cost of registration with 'early' fees held at 2001 levels and tickets for the annual dinner included. There was much enthusiasm for taking the

event forward in future years and hopefully including a few more surprises to keep it fresh.

I hope that you are already looking forward to next year's meeting in Edinburgh (16th – 19th March 2003). Some of you may want to pre-book accommodation at the Travel Inn (Edinburgh City Centre) that is only 100m from the conference centre. Good low-cost rooms are available now by making a reservation on 0870 238 3319 or on-line at www.Travelinn.co.uk (no deposit necessary). Unfortunately their booking system will not allow organisations such as ourselves to 'block-book'. If you have any enquiries, please contact me on 020 7869 6893 or by email at sctsadmin@scts.org.

Isabelle Ferner
Society Administrator



My co-organisers - Rob & Graham



THE NATIONAL HEART RESEARCH FUND

For the past five years the National Heart Research Fund has awarded the society £5,000 per annum to support the costs of the guest speakers at our annual scientific meeting. A lecture in the name of the charity is delivered each year by the honoured guest - this year Alain Carpentier. The society is very grateful for this award which is now to continue until 2006.

The National Heart Research Fund is a registered charity based in Leeds that aims to provide a lifeline for research into the prevention, treatment and cure of heart disease. It was founded in 1967 by Mr David Watson, retired heart surgeon.

In the late 1970's it funded the Cardiac Research Unit at Killingbeck Hospital, Leeds, and six of the first eight heart transplant operations undertaken by Sir Terence English at Papworth Hospital.

In 1994 a formal medical research grants programme was introduced with £1/4M available for new projects. In 1995 the Charity incorporated, becoming a company limited by guarantee, the Board of Trustees was increased in size and a Medical Review Panel was appointed. In the same year it became a member of the Association of Medical Research Charities, and very recently, a member of the National Heart Forum. Since 1995 over £4M has been awarded in new grants to 20 centres of excellence nationwide. These include grants to young surgeons and scientists making a start in the research field and enabling new teams to establish a track record.

Grant applications are reviewed twice a year with deadlines for submission of 30th March and 30th September. Successful applicants are notified in May and November respectively. The average grant awarded is £45,000 and the Trustees rarely award grants over £100,000.

Examples of current activities include:

- An evaluation of a technique maintaining carotid artery blood flow during aortic arch surgery - Mr Robert Bonser, Consultant Cardiothoracic Surgeon, Queen Elizabeth Hospital, Birmingham.
- The purchase of three Jarvik 2000 artificial heart pump devices by Mr Stephen Westaby, Consultant Cardiothoracic Surgeon, John Radcliffe Hospital, Oxford. The first patient to have this device implanted is now a great ambassador for the Charity and undertaking his own research into "extra life".
- Mr Paul Gately, Leeds Metropolitan University is evaluating a monthly clinic and six week residential camp programme for overweight and obese children at risk of developing coronary heart disease. The outcomes may have major implications for the management of childhood obesity.

A full list of medical research grants awarded over the last three years is included on the website www.heartresearch.org.uk, from where the grant application form can also be downloaded.



**Ros Jenkins, Chief Executive
National Heart Research Fund**

Dates for your Diary

Heart Failure & Circulatory Support Summit

22nd – 25th August, 2002
Cleveland, USA
www.clevelandclinicmeded.com

European Society of Artificial Organs

28th – 31st August, 2002
Vienna, Austria
www.akh-wein.ac.at/esao2002

ISHLT 4th Fall Education Meeting – Towards Optimising Donor Heart Quality

16th – 17th September, 2002
St John's College, Cambridge, UK
Email: ishlt@ishlt.org

16th Annual Meeting of EACTS

22nd – 25th September, 2002
Monte Carlo, Monaco
Email: info@eacts.co.uk

Heart Failure Society of America

22nd – 25th September, 2002
Florida, USA
www.hgsa.org

Modern Aspects of Heart Failure

26th – 28th September, 2002
Monte Carlo, Monaco
Email: info@eacts.co.uk

Birmingham Review Course in CT Surgery

3rd – 6th October, 2002
Birmingham Heartlands Hospital
Email: 106732.177@compuserve.com

Irish Cardiac Society

10th – 12th October, 2002
Galway, Ireland
www.escardio.org/society/natsoc

European Society of Thoracic Surgery - 10th ESTS Annual Meeting

26th – 28th October, 2002
Istanbul, Turkey
Email: thoracic@figur.net

American Heart Association

17th – 20th November, 2002
Chicago, USA
Email: scientificconferences@amhrt.org

British Thoracic Society - Winter Meeting

4th – 6th December, 2002
Queen Elizabeth II Conference Centre,
London UK
www.brit-thoracic.org.uk

Cardiopulmonary Interventions 2002

6th December, 2002
London, UK
Email: scarol@ic.ac.uk

£10,000 ST JUDE SCHOLARSHIP AWARDED TO MARK YEATMAN



Mark receives his award from Richard Lidgate of St Jude at the annual dinner

Three very worthy applications were considered for this year's St Jude Scholarship. After much deliberation the difficult decision was made in favour of Mark Yeatman who is due to go to Duke University on 1st July 2002. At the Annual Black-Tie Dinner at the Pavilion Ballroom in Bournemouth this last March, Richard Lidgate of

St Jude was asked by the President to present Mark with his cheque for £10,000. In the past the scholarship has been for £5,000 but St Jude agreed that it was time to increase its value in order to make a real impact on the efforts of trainees who take on the financial burden of taking a year out to visit an overseas institution.

It is the intention of the Executive to increase the activity of the Society in this area so as to invest in the development of cardiothoracic surgery in the UK. A capital investment of £250,000 should, invested wisely, produce an annual return of £20,000 - £25,000 which can then be used to support our trainees and, indeed, our consultants.

Mark is a year six Specialist Registrar in Bristol. His one year Clinical Fellowship at Senior Resident level in the Department of Thoracic Surgery at Duke University Medical Center will commence on 1st July 2002. He has previously spent time at Duke as a Research Fellow working in the laboratory of Dr Jeffrey Platt on the immunology of hyperacute rejection following discordant (swine-to-primate) pulmonary xenotransplantation. This resulted in an MD degree from London University and a Hunterian Professorship from the Royal College of Surgeons of England.

Clinical duties of this coming Fellowship will be split between cardiopulmonary transplantation, including the ventricular assist device program, and adult cardiac surgery. As one of the largest programmes in the US, Duke University performs more than 100 transplants annually with particular emphasis on lung transplantation (55 single and double lungs transplanted last year). The transplant service also last year inserted more than 35 ventricular assist devices (Abiomed BVS 5000's as short-term bridges to cardiac transplantation and TCI Heartmate's as permanent devices in those unsuitable for heart transplants). The Fellowship will provide a concentrated experience in pre-

operative evaluation of potential transplant recipients, donor organ management, all technical aspects of orthotopic heart, single and double lung transplants as well as considerable experience in post-operative care, including the use of ECMO for the treatment of reperfusion injury following lung transplantation. The expectation is that he will personally perform 80 to 100 donor procedures, 30 recipient heart and 30 recipient lung transplants during the duration of the Fellowship as well as assisting at 20 to 30 LVAD/RVAD/BiVAD insertions.

“I am profoundly grateful to the Society for awarding me the prestigious St Jude Scholarship”

Acting as Senior Resident on the adult cardiac surgery service will also enable him to broaden his experience in all aspects of adult cardiac surgery. The intended emphasis will be on minimally-invasive cardiac surgical procedures including endoscopic radial artery and saphenous vein procurement, off-pump CABG, mini-port mitral valve procedures and computer-enhanced CABG using the Da Vinci robotic surgery equipment.

An excited Mark says, “I believe that the Fellowship at Duke will broaden my professional perspectives and enable me to acquire proficiency with the newer techniques which may have a place in the future of cardiac surgery in the UK and Ireland. Furthermore, the responsibilities of acting as a Chief Resident in a major US university department will provide experience very useful to the practice of a consultant with a commitment to innovation and continued professional development.” He adds, “I am profoundly grateful to the Society for awarding me the prestigious St Jude Scholarship, a great honour for which I sincerely thank both the Society and St Jude”.



Mark with wife, Finuala and son, Fintan.



NHS INTERNATIONAL FELLOWSHIPS

Recently launched by the Department of Health, this scheme has prompted much anxiety and many questions from both trainees (who fear lost job opportunities) and Consultants (concerned about having unknown colleagues forced upon them). There have also been rumours of higher salaries and inducements! I will try to answer the most FAQ's:

What is the Fellowship scheme? "An opportunity for medical specialists from outside the UK to undertake a 2 year fellowship working as a Consultant in the NHS ... open to high calibre candidates ... whose experience and skills will contribute to our modernisation programme".

Why is it necessary? Three specialities (histopathology, imaging and psychiatry) have a particularly severe shortage of consultants and are being targeted. In cardiac surgery we have an acute problem with long waiting lists for CABG – a short-term blitz should deal with this until the extra trainees we have appointed start to come through. The "Patient Choice" (waiting time less than 6 months) initiative will provide the opportunity for Trusts to create these short-term posts.

When is it to start? The closing date for the first round (50 fellows) was 30th April 2002 and interviews are in June.

What standards will the "Fellows" have to meet? Full GMC registration and inclusion in the Specialist Register – EEA (European Economic Area) nationals with a specialist qualification from an EEA state are eligible for inclusion but must also achieve a score of 7.0 in each of the academic sections of the IELTS (International English Language Testing Service). Non EEA

consultants will have to apply to the STA and show "equivalence" of their training to the UK CCST. Again will have to score 7.0 in the IELTS. Will need a work permit and visa.

How will appointments be made? Will be managed centrally but will be by open competition.

What will they be paid? Fellows will be employed on national terms and conditions i.e. standard consultant's salary – incremental point depending on qualifications and experience. Will also get: relocation expenses (moving to England and returning home) up to a maximum of £16,000; accommodation expenses ("reasonable" costs of renting furnished family accommodation) to a limit of £15,000 per year (£30,000 per year in London); and a pension refund (the 6% employees' contribution). In addition they will be given a "fellowship refund" of 12% of salary for each year, grossed up for tax (for example if salary was £66,000 they would receive £15,840).

What is to stop Fellows staying on? Nothing – except the "fellowship refund" bonus is only paid if the fellowship is a maximum of 1 year and 364 days! Pension contributions would not be refunded. Furthermore, the fellowship posts are only for 2 years and they would have to apply for a consultant post through the normal channels. Non EEA doctors would need permission from the immigration authorities and a work permit extension.

Further information? www.nhs.uk/fellowships

Leslie Hamilton, Cardiothoracic Dean

Annual Meeting Prize - Winners 2002

Parker Medal **Mr A Tang** - A prospective randomised study to compare different renoprotective strategies in coronary revascularisation

Edwards Medal **Mr T Velissaris** - A prospective randomised study to evaluate splanchnic hypoxia during beating-heart and conventional coronary revascularisation

Cooper Prize **Mr J Jones** - Gene transfer during cardiopulmonary bypass corrects impaired postoperative left ventricular function associated with decreased β adrenoceptor density: molecular ventricular assistance

FACT Prize **Mr M Asif** - Impact on BTS guidelines on resection rates from a lung cancer MDT

Intercollegiate Examinations

At the recent examination in Glasgow 59% of the candidates entered were successful. The next examinations are set for:

16th - 17th October 2002, Leeds 28th - 29th May 2003, Liverpool

Cardiothoracic Courses

Aortic Root Surgery: Homograft, autograft and stentless porcine valves (HST 4-6)

14th & 15th October 2002

The Royal College of Surgeons of England

Skills Course - Introductory Thoracic Surgery (HST 1-3)

18th - 20th December 2002

The Royal College of Surgeons of England

For further information on either of these courses email the Cardiothoracic Courses Assistant at cardiothoracics@rcseng.ac.uk

Consultant appointments

Mr W Pugsley	New Cross Hospital
Mr M Desmours	Royal Brompton Hospital
Mr P Punjabi	Hammersmith Hospital
Ms C Van Doorn	University College London
Mr N Weerasena	St James's University Hospital
Mr C Satur	North Staffordshire Hospital
Mr M Van Leuven	Norfolk & Norwich Hospital

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