The Society of Cardiothoracic Surgeons
of Great Britain and Ireland

JULY 2004

THE bulletin

Now that we have settled back down to normal life after Guernsey I would like to thank all the members for electing me as President of the Society of Cardiothoracic Surgeons of Great Britain and Ireland. I am proud to be the first Irish man elected to this post and I look forward to an eventful and successful two years although I must admit to some trepidation.

Although I was able to thank Colin Hilton in Guernsey for all he has done for our Society, I am glad of the opportunity to do so again. Colin has served the Society as Postgraduate Dean, then Chairman of the SAC and finally as President. Over the last two years, as President Elect, I have been very aware of just how much Colin has worked on behalf of our Society.

The meeting in Guernsey was a great success, both scientifically and socially thanks to the efforts of Graham Cooper, Rob Lamb and Isabelle Ferner. The Society owes a great debt to Rob and Graham for all they have done over the last three years in transforming our annual meeting into such an excellent event. Both the scientific and social standards have continued to improve enormously and hopefully, the improvement will be at least matched, if not bettered, at the forthcoming meetings in London (2005) and Dublin (2006). Rob has now finished his term as Treasurer and is off to sail around the world on the good ship Kunachi as part of the Global Challenge. I actually went to see the boat when it was in St. Katherine's Dock and it is pretty impressive but I would not like to live on it for a year. We wish him fair winds and thank him for all he has done on behalf of the Society – some of these efforts were evident this year when we were able to award a fully Society funded scholarship of £10,000 in addition to the usual St. Jude scholarship.

I mentioned at the start that I await the next two years with some trepidation. One only has to think of the issues now facing us to understand why. First of all, foremost in many of our minds is the forthcoming publication of surgeon specific results. I know that many of us still have some anxieties about this process but I am confident that the agreed method of presentation in the Society's Blue Book will allay many of these worries.

In many ways more important an issue even than this is the 'numbers problem'. Many extra trainees have been appointed over the last six years or so because of the expansion planned by the NSF. This has not materialised in full and

over the next three years there will be a significant number of trainees achieving CCST without obvious jobs waiting for them. The Society must work hard to ensure their position is protected and that appropriate consultant expansion continues.

The birth of PMETB and the development of the new Curriculum will potentially radically change the structure of our specialty. I am anxious that the mistakes made with the introduction of Calman training, when attempts were made to make 'one size fits all', will not be repeated. Peter Goldstraw and Chris Munsch have already done an enormous amount of work on behalf of the Society on these issues. Other concerns that will affect us over the next few years include the introduction of the European Working Time Directive and the new Consultant Contract. Significant changes in working lives and practices will inevitably result from these and will undoubtedly have an impact on consultant training and appointments.

The Society will need to play a leading role in these issues and the Executive will need to listen to the voice of the membership. On that issue Graham Cooper is running a working party on the configuration and working of the Society and Executive and we will need to consider over the next two years whether we should continue with our current structure or whether change would be helpful.

One thing for sure, it does not look like being a quiet two years.

The ABM, CCAD & Consultant Contract

James Roxburgh, Honorary Secretary

The Annual Business Meeting (ABM) went well by all accounts; but, as my school report all too often said, there is still room for improvement. We need to spend more time on debating the current issues and less time in ploughing through reports from the various Executive Officers. I feel that these reports could be posted on the Society's web pages and taken as read when they are formally presented to the ABM. Areas that cause concern or stimulate interest from members could be discussed by submitting written questions in advance. This would allow the ABM to focus on the important areas and free up time for debate. The format of the ABM is not set in tablets of stone and I would welcome your thoughts on how to improve it.

Many of the topics that formed the centre of the debates at the Annual Meeting continue to cause concern to both the Executive and the membership. Surgeon specific data, CCAD and job planning are the three producing the most e-mails and telephone calls. Barely a week goes by without an enquiry from the press about surgeon specific data and when it is going to be published. The current plan is that the data will be published in the Blue Book this summer. The format of the results and the arguments about surgeon specific data are laid out in an article submitted to the BMJ. We have asked for the article to be fast-tracked so that its publication sets the scene for the public presentation of the results.

It was agreed at the ABM that the Executive would not recommend formal data submission to CCAD until we were satisfied with the governance arrangements. A formal governance document has been agreed by the tri-partite group (SCTS, Health Care Commission and The Heart Team). We are now discussing with the NHS Information Authority (NHSIA) (CCAD's bosses) about incorporating this into a formal contract. It has been agreed that our Executive must first approve this before it can proceed. It will then be reviewed by the Health Care Commission (was CHI and then briefly CHAI!) who makes the final decision as they hold the purse strings. There are an ever-increasing number of acronyms and I struggle to keep up with them all! Bruce Keogh has invited a representative from all UK units to attend a meeting at the Birmingham offices of the NHSIA, which will take place after the inaugural tri-partite meeting. This is the format we initially proposed at the CHI meeting in January 2004. Only with this level of unit involvement can CCAD succeed. Please ensure that your unit is represented.

Finally we come to the New Consultant Contract! Some guidance has been posted on the web but we felt unable to construct detailed PA-based job plans, as with old-style contract, simply because we felt there would be significant local interpretation. It appears that as 'crunch-time' comes for signing up to new contracts that it has become a 'hateful and unpleasant process'. There is a feeling in some units that job planning negotiations have inflicted irreparable damage to the Consultant-Management relationship. I would be most interested to hear about successful negotiations and in particular details of signed off job plans. The more information we gather the more we can disseminate to the membership, which can only facilitate current and future job planning. Please contact me about both pitfalls or successes and I will endeavour to make this information available on the web site.

I would just like to thank Isabelle Ferner for all her hard work in keeping the web site current and improving the layout. Please let Isabelle know your thoughts on how we can further improve the format and content.

Some of my contact details have changed since the last bulletin and are as follows:

Secretary, Mary Rogers	020 7188 0981
Direct line	020 7188 1052
Mobile	07973 179476
E-mail	

james.roxburgh@gstt.sthames.nhs.uk

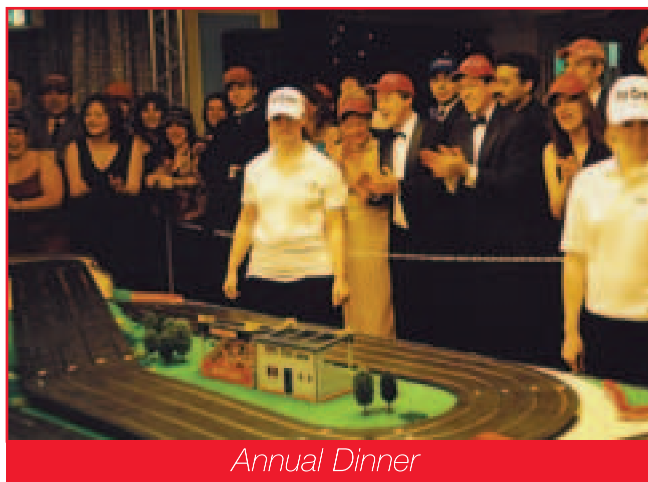
Annual Meeting Report Guernsey 2004

Isabelle Ferner, Society Administrator

Two weeks to go. Registrations are down. It's snowing in Guernsey and one of the abstract presenters has just pulled out. Another week in the lead up to the Annual Scientific Meeting. It is true that the meeting organisers were starting to get concerned about the lack of early registrations but they should have known better. A typical last minute rush and a surprising number of on-site registrations enabled us to report a very healthy attendance of 250 by the end of the meeting. More notable was the increase in registrations for the whole meeting and the higher than average numbers attending each session.

The Beau Sejour Centre in St Peter Port Guernsey proved to be an ideal venue for this year's meeting excepting the arctic conditions in the exhibition and registration areas. Easily accessible from all the main hotels and well laid out; there were even several compliments about the food!

As in the last couple of years, the administration team comprised of 4 enthusiastic and highly competent medical students combined with the tireless efficiency of Marlene, Graham Cooper's secretary and Sue, Robert Lamb's wife who stepped into the breach at the last minute. A very big thank you has to go to everybody involved with administration for their hard work, efficiency and effectiveness in enabling the smooth running of the meeting.



Annual Dinner

The Scientific Programme retained its usual high standard. As promised last year, the number of abstracts was increased from 48 to 54. With nearly 300 abstracts submitted, it was still possible to maintain the quality that has come to be expected at the meeting. The guest speakers, Professor Brian Buxton and Professor Walter Klepetko were welcome enhancements to the meeting. Professor Buxton very nearly didn't make it as his journey from Australia took 48 hours, including a 5 hour sojourn on the runway in Dubai!!

The Exhibition was also buzzing this year. Exhibitors reported a healthy attendance at their stands and were grateful for the introduction of hosts to guide reluctant delegates towards them. A particularly popular stand, which didn't require any encouragement towards it, was the F1 simulator. It certainly brought out the more competitive side of delegates natures!

Attempted suicide

And so to the annual event. In previous years, table plans for the annual dinner had always caused a headache and ended in chaos with an increasingly fractious administrator. An innovative method of avoiding delegates having to use their own handwriting ensured that this year everything was sorted more smoothly. The dinner itself was a great success. The Formula 1-themed event was a departure from the normal format and, observing the extremes of emotions expressed by team-mates as they cheered their cars around the scalextric track, proved it was a sure icebreaker. This was certainly helped by Samer Nashef's superb and original take on Murray Walker. Even the food was hot and of a good standard. As coaches took the high-spirited revellers back to their hotels, I think it can safely be said they had enjoyed an evening to remember.

The victorious crew

The following morning 24 hung-over delegates including Professor Buxton attended the day long team building session on the Challenge 67' yachts. The two boats practiced various manoeuvres before match racing in the afternoon. Our out-going Treasurer and co-meeting organiser Rob Lamb was on the winning boat. Rob is about to go sailing around the World –

Annual Meeting Report Guernsey 2004 (continued)

Good Luck Rob! and thanks for your Herculean contribution over recent years.

We had felt that Guernsey was a bit of a risk to take, particularly after many expressed concerns about the costs. However, having trawled through the feedback forms and having received a great deal of positive verbal feedback, I can safely say that it is probably one of our most successful meetings to date.

We hope that if you attended this year, you will already be looking forward to next year's meeting in London and have told colleagues who were unable to attend this year that it is too good an opportunity to miss. Next year's meeting will be held in Olympia 5th to 8th March. We are constantly trying to improve the meeting each year and from 2005 registration will be via an electronic online system only. If you have any enquiries, please contact Isabelle Ferner on 020 7869 6893 or by email at sctsadmin@scts.org

WAITING LIST INITIATIVES

Are they prejudicing the job prospects for our trainees?

Peter Goldstraw, Chairman of the SAC.

Adult cardiac procedures have reached a plateau in recent years and waiting lists are falling. Two years ago the number of revascularisation procedures undertaken by cardiologists overtook those performed by surgeons for the first time. It is anticipated that surgical referrals will fall, like those in North America, by 5-7% per annum in the coming years.

Our trainees are concerned about the job prospects for consultant posts in cardiac surgery. They have cause for concern. The statistics are not comforting! The data for England, and there is no reason to hope that the situation is different in the other countries of the UK, suggest a considerable excess of CCST awards over consultant expansion in the next 5 years. The NSF in cardiac surgery is behind schedule, there is no sign of thoracic posts being increased and no suggestion that the recommendations of the Kennedy report will be implemented to increase the number of congenital cardiac consultants. The most realistic assessment of consultant expansion suggests that 60-70 new posts will be created between now and 2010. If retirements continue at the present level approximately 30 consultants will leave in that time. The total number of consultant vacancies between now and 2010 will therefore be in the region of 90-100.

We have 10 trainees with a CCST who have yet to find a consultant post and another 147 type 1 trainees in post who will achieve their CCST and be eligible for the specialist register before 2010. It seems inevitable therefore that we will see many more trainees emerging from our training programmes than there are consultant vacancies, perhaps as many as 60-70 in the next 6 years. This does not take account of the prospect that type 2 trainees may be allowed entry to the specialist register, that with the imminent expansion of the EU surgeons in another 9 countries will gain automatic entry to the specialist register nor that entry from other countries will be facilitated under Article 14 of the PMETB proposals. The SAC is negotiating with the Workforce Review Team to slow recruitment into training programmes in the next few years, but these posts are presently filled and we can do nothing to change the reality of the figures. We all have a responsibility to do everything in our power to increase consultant expansion.

In many regions there is still a temporary requirement to reduce long waiters and to achieve targets. The SAC has expressed concern that *"Waiting List Initiatives"* usually result in cases that are suitable for training being undertaken by consultants out of hours and out of the training centre. In some programmes it has undoubtedly had an adverse affect on the operative experience available to trainees. An appreciable amount of money is available for *"Waiting List Initiatives"*. We must ask whether it is in the interests of consultants to pressure their Trusts to use such funds to appoint additional consultants. Such noble endeavours would have a financial penalty. Managers may even suggest a PA or two less in the job plan, but who among us believes that all of the work we presently undertake will be funded under the new contract? Such expansion is unlikely to leave new consultants under-employed when the waiting list is controlled. All units will need some "slack in the system" to cope with the time pressures inherent in the EWTD and the introduction of Modernising Medical Careers. Such an *Initiative* would reduce the *Waiting List* of trainees looking for consultant posts, prevent disillusionment and frustration in the workforce and help ensure that our speciality continues to attract the very best of those trainees coming into surgery.

St Jude Scholarship 2003/04

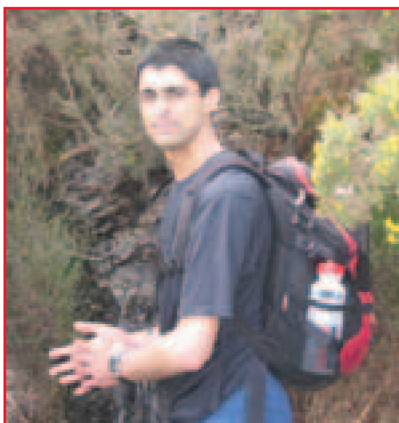
Pramod Bonde, St Jude Research Fellow

I arrived in Baltimore in December 2003, and since then I have been working at Johns Hopkins University School of Medicine and the affiliated medical institutions. The immigration process was smooth and was completed expeditiously. After my arrival in Baltimore, Dr Harmon, Dr Baumgartner, Dr Gott, Dr Conte and Dr Becker personally helped me to make my transition to Hopkins a very easy and an enjoyable task. My work has progressed at a far faster rate than I had expected. We are currently in the second stage of vaccine production, and hope to complete the animal testing by the end of this year. Our work on characterisation of the source and species of reactive oxygen species production responsible for Nuclear Factor kappa B activation and intercellular cell adhesion molecule-1 gene expression and the role of signal transducer and activator of transcription pathways has also produced interesting results. We hope the final results will help explain these important pathways. Currently I am concentrating on reporting my work and this keeps me busy on most days. During my stay, we were invited for the premier screening of the HBO movie on the life of Alfred Blalock and Vivien Thomas, entitled ‘Something the Lord made’, depicting the complex yet very productive relationship between these two pioneers in the early days of cardiothoracic surgery. Besides work, I have really enjoyed my stay in Baltimore. The city is famous not only for its leading medical institution but its charming inner harbour, the home of Baltimore Ravens, and Baltimore Orioles. There is always an opportunity to explore the Chesapeake Bay on a long weekend and taste the delicious soft-shelled crabs. I am looking forward to returning to the UK in January 2005 following completion of my fellowship. I thank both the Society and my mentors for this wonderful opportunity.

Amir Sheikh who shared the fellowship with Pramod will travel this July to Duke University having finally secured a visa and convinced the American government of his non-terrorist intentions!

St Jude Scholarship 2004/05

Ishtiaq Ahmed, SpR Northern Ireland Deanery



I have recently been appointed research fellow at the Victor Chang Cardiac Research Institute in Sydney, Australia. This Institute is part of the St Vincent’s Hospital Campus and is affiliated with the University of New South Wales. It is an institution committed to providing excellence in cardiovascular research training and facilitating the rapid transfer of research discoveries to patient care.

I will be involved in a number of projects, and my position involves predominantly the hands on work required for a large detailed clinical study aimed at evaluating the safety and efficacy of bone marrow stem cell mobilisation and the application of stem cells to the treatment of patients with chronic stable ischaemic heart disease. In addition I will be involved in a component of physiological research, developing small animal models of ischaemia and evaluating their cardiovascular haemodynamics.

Techniques used will include stem cell mobilisation, leukopheresis, flow cytometry and intracoronary administration of cells. Incorporated into the training will be the use of stress echo and SPECT scanning to evaluate the clinical efficacy of new therapies.

This will be a great opportunity for me to develop core scientific benchside skills in a rapidly expanding field which I hope will facilitate development of the speciality on my return to the UK.

Society Scholarship 2004/05

Karen Brown,
SpR South East London Rotation for an Advanced Thoracic Fellowship at the Mayo Clinic

Having decided to focus on a thoracic surgical career and with only 1-2 years of training remaining, I thought a year abroad in a busy thoracic centre would not only broaden my experience but also enhance my weary CV! From a lifestyle point of view, my husband and I had always hoped to spend some time in a different environment not only for us but also for our 3-year-old son. I was pleased when the Mayo Clinic offered the 1 year advanced fellowship from January 2005. The post is for trainees who have already had a reasonable thoracic training, and involves a significant time commitment in an extremely busy department. Over 2,000 thoracic procedures are done each year with a broad practice. Strong emphasis is placed on minimally invasive surgery for both lung and oesophageal resection. In addition the unit is a tertiary referral centre for challenging cases and there is a transplant service. The academic timetable is considerable with ward rounds finishing at 6.30am to allow teaching before theatre at 8.00am. Clinical research is recommended and most fellows have several manuscripts accepted during the year.

Minnesota is known as the coldest state in the USA, being snowed out from November to March. Even coming from Scotland is unlikely to be of benefit! Nonetheless we are all looking forward to the challenges, including the winter sports of skiing, ice fishing, snow mobiling and dog sleighing. Winter turns to summer with little spring or autumn, and outdoor life is the norm. Water sports are popular with an expanse of lake being never more than 10 minutes away. Minnesota borders with Canada and in the North the Voyageurs National Park has great wildlife with bears and moose. It is quite possible to make even Minnesota sound attractive!! The only down side is the finance as the salary is less than half the current SpR rate. I am grateful to the Society for awarding the annual fellowship prize of £10,000, which will considerably bridge the gap and make the trip feasible.

2004/05 Prize Winners at the Annual Scientific Meeting

Edwards Medal (Best oral presentation)
Vassilios Avlonitis

Parker Medal (Best interactive presentation)
Reza Motallabzadeh

Society Medal (Best thoracic paper)
Michael Shackcloth

Call for Applicants

The William J Von Liebig Research Scholarship, Mayo Clinic. Appointed candidate needs to start at the Mayo Clinic in December 2004. Interested applicants should contact:

Dr Christopher McGregor
Thoracic & Cardiovascular Surgery
Mayo Clinic
200 First Street SW
Rochester,
Minnesota 55905 USA

Training the Future Cardiothoracic Surgeon

Modernising a Medical Career in Cardiothoracic Surgery

Leslie Hamilton, Cardiothoracic Dean

The Calman reforms combined the old Registrar and Senior Registrar grades into a seamless 6 year training programme. This moved the entry 'bulge' back to the SHO years and highlighted that most SHOs had to 'mark time' for a considerable period before getting into a higher training programme – the SHOs became known as the "lost tribe". The CMO therefore reviewed the SHO grade and the consultation paper entitled 'Unfinished Business' was published (2002). Subsequent proposals were published as "Modernising Medical Careers" – ostensibly aimed at reforming the SHO grade, they actually go much wider and propose the most fundamental changes to the Consultant grade since the formation of the NHS. These proposals were prompted by the political view that most Consultants are over-trained for their everyday practice. Thus it seemed logical not only to streamline and reform training but also to enable qualified specialists (Consultants) to practice at a more general (and some would say lower) level. The underlying philosophy is that people should be trained to be 'fit for purpose' i.e. their training should match their job performance requirements.

With reference to surgery, the most concrete proposals have come from the urologists (Gordon Williams, a urologist and Chair of JCHST spoke at our meeting in Guernsey) – urology has changed dramatically and now the majority of their work is diagnostic and therapeutic with endoscopic interventions.

We need to decide:

- What opportunities can we offer Foundation Year 2 trainees to attract them to posts so that we might attract entrants to the specialty?
- What entry requirements should we have for trainees entering cardiothoracic surgery?
- How should we select trainees (during Foundation Year 2) for entry into C/T training?
- In the absence of basic surgical rotations, how can we give our new trainees the basic skills needed to learn cardiothoracic surgery?
- Progress of higher trainees will be based on achieving competencies – how many years is it likely to take the average trainee to achieve Consultant level competency?
- Where should the FRCS Cardiothoracic exam feature and what level should we be aiming to test?

The proposal is that trainees would enter a 'run-through' 5 year programme incorporating basic and specialist training in urology followed by practice at Consultant level as a 'generalist' urologist. Those interested in performing the more specialist operative procedures would, perhaps having worked as a generalist urologist for a number of years, apply for further training posts advertised by Trusts on the basis of manpower needs/business plans. They would practice as Consultant Urological Surgeons.

The future begins with the introduction of two Foundation years to replace the current pre-registration year – the first entrants to the Foundation Programme will be in August 2005, so the future is here now! Thinking on future training is evolving and the latest proposals ("MMC: the next steps" www.mmc.nhs.uk) have just been published. They indicate a move away from the initial proposals, which separated basic and higher training to a system, which "sees the progressive acquisition of basic and higher specialist competencies in a single programme" i.e. no BST rotations. "Those acquiring the foundation competencies will move into CCT training programmes – entry will be by open competition informed by the earlier performance of the trainee. Competition will need to take place between one and two thirds of the way into the second Foundation year".

The SAC has been working hard to come up with definitive plans and so we would value your comments and feedback. Please e-mail either me
(leslie.hamilton@tfh.nuth.northy.nhs.uk) or
Peter Goldstraw (p.goldstraw@rbh.nthames.nhs.uk)

Trainees Update

Michael Lewis, Trainees Representative

Projected consultant numbers: This is a cause for much concern amongst all trainees. In response to a perceived underprovision of cardiac surgeons in 99/00 the Government achieved a rapid expansion in training numbers. These trainees will soon start to "fall off the top". By current data there will be at least a doubling in the number of trainees accrediting per annum from 2006 onwards. This expansion was intended to reduce surgical waiting lists but this has already occurred, without an increase in surgical revascularisation rates. The advent of PCI and drug eluting stents has had a significant impact on CABG referral rates. The collision of these two issues is going to exacerbate the problems. For those in post, a number of trainees have recently changed focus to thoracic surgery as a career. However, the acknowledged shortage of thoracic surgeons is unlikely to accommodate all the trainees currently in the system. Furthermore, for those awaiting a training number, the bottleneck of appointment will mean these numbers will not recycle efficiently. This is likely to be extremely frustrating for those waiting in research posts etc. Furthermore, current SAC recommendations are that if NTN posts become available by consultant appointments, that these are substituted by LAT appointments but without any guarantee that a substantive post will follow!

Hours of work: The implications of the EWTD are beginning to hit the collective conscience. To run an on call rota is impossible if one is resident. This means a change to shift working with its inevitable detrimental impact upon training. Unfortunately most units have been unwilling/unable to incorporate new thinking into night-time surgical cover and therefore the majority of trainees will find themselves on shifts before long. A draft SAC/Society report on the EWTD has made recommendations, which are available for comment at: www.ctsnet.org/file/SACEWTDInitialReportJan04.doc.

Curriculum document. This should soon be available. Appraisal will incorporate competency-based assessment of clinical knowledge, patient management and operative skill. Progress from year to year in the training scheme will be dependent upon achieving predefined levels of competence.

Trainees web page: This is now up and running and is available via the SCTS web page (www.scts.org/index.cfm?traineepages=yes). The website welcomes articles of news/views and is an ideal forum for trainees opinions.

Thoracic surgical residents association (TSRA): A recently formed international society set up by the resident societies in USA and Canada. They are attempting to develop an ongoing working relationship with the global community of cardiothoracic trainees. This initiative aims to provide an open and organized forum to exchange ideas and concerns and enable the maximization of clinical and academic opportunities. A website will soon be in operation. Details will follow.

E logbook: Thought is being given to the adoption of an electronic logbook. The orthopaedic SpRs have a web-based log that is relatively user friendly. We have set several criteria that our log will need to fulfil and are trying to identify the best solution.

Cardiothoracic Dean: Mr Leslie Hamilton, who has worked extremely hard on our behalf, comes to the end of his successful tenure as Dean this year. It is my responsibility to run the election of his successor. Details of candidates and the voting mechanism will be forwarded shortly. If your vote is to be registered it is essential that I have up to date email addresses for you all. Please contact me (as below) to update me if you have changed address/ are a new trainee. Please include your NTN/CCST. This post is voted for exclusively by trainees and is quite obviously extremely important in light of some of the above developments. I would urge you all to update your details to allow you to have a say!

New Elected Executive Members

Steven Livesey

Cardiothoracic surgical practice has been subject to periodic review by the National Confidential Enquiry into Perioperative Deaths (NCEPOD). Questionnaires were sent to surgeons and anaesthetists involved in the care of a random sample of patients who died in the perioperative period. The Society participated in this process by nominating advisors who reviewed the returned questionnaires and made comment on any unusual or noteworthy circumstances. Like many of you I never felt that the questionnaires – designed, I suspect, for a general surgical practice – got to the heart of problems encountered in cardiothoracic surgery. I don't think that we learnt as much as we could from the process and we didn't participate particularly enthusiastically having one of the lowest rates of returned questionnaires. An unusual black mark for such a conscientious group of surgeons!

NCEPOD is now reviewing its methods and has become the National Confidential Enquiry into Patient Outcome and Death – the same acronym; but reflecting a wider focus. The SCTS is collaborating with NCEPOD to develop a specific review of cardiac surgical deaths. This will focus on all deaths following first time CABG and all audit leads have been asked to contribute to the development of the questionnaire. The project will start with a review of deaths for the current year (2004-05) and Trusts have already been asked to set aside patient notes to facilitate the process.

So what do we hope to get from this?
The 'Blue Book' has led the profession with a full annual review of practice in the UK. Our collaboration with NCEPOD will allow the story to develop beyond the facts and figures, which are currently published. It will give us an opportunity to highlight some of the pressures in the system and to reflect our practice in a more descriptive way. I hope that the first questionnaires will appear towards the end of the year and I will report on progress in the next Bulletin.

Graham Venn

May I thank all of my colleagues who voted for me. I hope that I will be able to justify your support and look forward to taking an active role on the Executive.

I have been a Cardiothoracic Surgeon at St Thomas' Hospital London since 1989 and was Clinical Director from 1993 to 1996. In addition to my clinical post I head the Department of Cardiac Surgical Research in the Rayne Institute and have been involved in the instigation of the Cardiothoracic Section of the Royal Society of Medicine.

Over recent years I have acted as an ad-hoc adviser to the Executive in their work on job planning and consultant workload and more recently have chaired the sub-committee negotiating with BUPA on private practice remuneration benefit. As a result of this work with BUPA new uplifts for key procedures will be announced jointly by BUPA and SCTS in May. This is part of an on-going process and we hope to obtain uplifts for additional procedures in due course.

Following my election to the executive I have been asked to chair the working group on blood borne infection, particularly hepatitis C and HIV, and the interaction with the Cardiothoracic Surgeon. All members should have received a circular questionnaire on this topic recently and either Ted Brackenbury or I would welcome any further comments or concerns that member have that we should incorporate in this work

I hope that my combined clinical, management, research and teaching interests will allow me to represent the views of as broad as possible section of the membership.

Diary of Forthcoming Events

Meeting: European School for Cardio-Thoracic Surgery, Thoracic Course, Level 2
Date: 6th – 11th September 2004
Venue: Bergamo, Italy
Contact: EACTS Executive Secretariat
E-mail: info@eacts.co.cuk

Meeting: 3rd EACTS / ESTS Joint Meeting
Date: 12th – 15th September 2004
Venue: Leipzig, Germany
Contact: EACTS Executive Secretariat
E-mail: info@eacts.co.cuk

Meeting: 1st Milan Lung Cancer Conference
Date: 17th – 18th September 2004
Venue: Milan, Italy
Contact: Organising Secretariat
E-mail: congress@cq-travel.com

Meeting: Birmingham Review Course in Cardiothoracic Surgery,
Date: 23rd – 26th September 2004
Venue: Birmingham, United Kingdom
Contact: Raven Department of Education, Royal College of Surgeons
E-mail: cardiothoracics@rcseng.ac.uk

Meeting: Perspectives in Thoracic Oncology
Date: 1st – 2nd October 2004
Venue: New York, United States
Contact: Coleson Chase
E-mail: c.chase@imedex.com

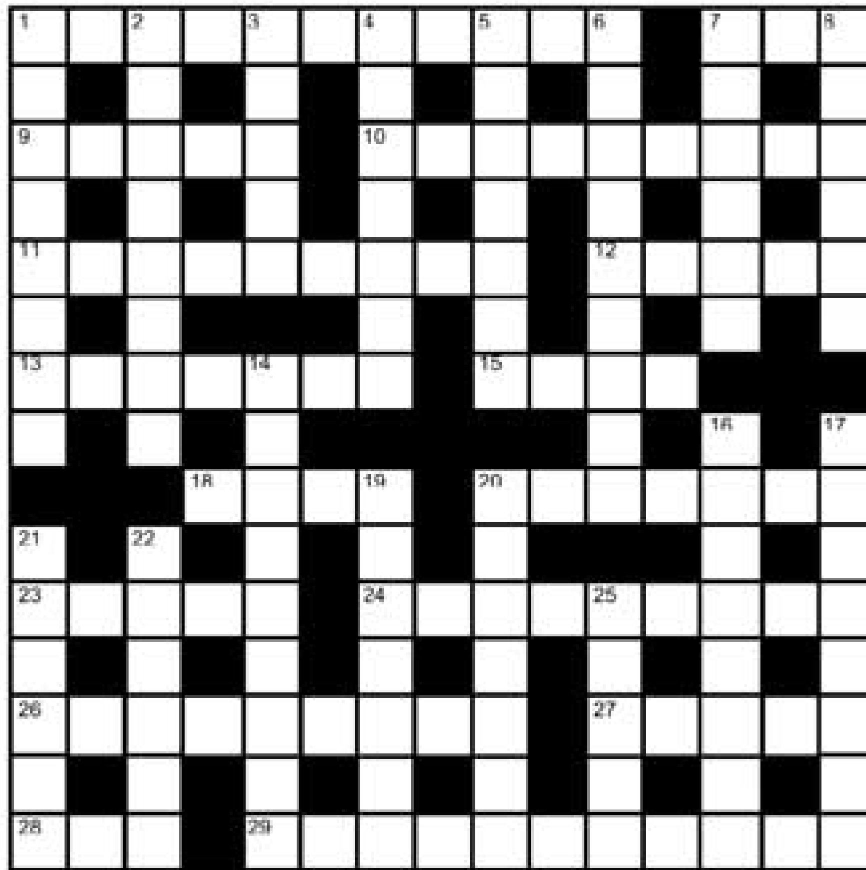
Meeting: Controversies in Adult Cardiac Surgery: The Fourth in the Series
Date: 7th – 8th October 2004
Venue: Santa Monica, California, United States
Contact: Promedica International
E-mail: education@promedica-intl.com

Consultant Appointments

Mario Petrou	Royal Brompton Hospital
Roger Vaughan	Royal Brompton Hospital
Richard Williams	Cardiothoracic Centre, Liverpool
Jorge Mascaro	University Hospital, Birmingham
Augustine Tang	Blackpool Victoria Hospital

Your Executive 2004-2005

President	Patrick Magee
Vice-President	Sir Bruce Keogh
Honorary Secretary	James Roxburgh
Honorary Treasurer	Babulal Sethia
SAC Chairman	Peter Goldstraw
ICB Chairman	Leslie Hamilton
Cardiothoracic Dean	To be appointed
Meetings Secretary	Graham Cooper
Commercial Secretary	Steven Hunter
Publishing Secretary	Sunil Ohri
Young Consultants Rep	Jonathon Hyde
Trainee Rep	Michael Lewis
Elected Members	Alan Faichney
	Steven Hunter
	Simon Kendall
	Steven Livesey
	Richard Page
	Graham Venn



ACROSS

1 Oh age! Her arm is broken and bleeding (11)
7 Black sailor (3)
9 The best routines always include a Schubert piece (5)
10 Quietly deceased, let us stick together for 29 (9)
11 Possible result of 1 across found in a stamp on a deed poll (9)
12/23 X-game to ensure suitable 27 (5-5)
13 Pulls chain and reddens (7)
15 Sea voyage missing Channel Islands? It's a trick (4)
18 Set 100 on sale item (4)
20 More buxom: I'd grope clumsily (7)
23 See 12
24 Letting in stupid git, damn it (9)
26 Rip nation off with expensive drug to help 29 (9)
27 Cut body, look in, find this! (5)
28 Right away, old city's plaything (3)
29 I am a hostess, prepared for 1 across control (11)

Down

1 Chillis are stolen goods (3,5)
2 Very big in keyboard, laser pen or mouse manufacture (8)
3 Surpass picnic (5)
4 Salesman dines and they're on again (7)
5 A mature, exceptional lay (7)
6 Worked out no longer possessed according to reports (9)
7 Shake within, without remorse (6)
8 Fend off ugly sister (6)
14 Throw with thumb partly up, perhaps (4-5)
16 I suffer setback with boys in relationships (8)
17 Wobbly, big-arsed soldiers (8)
19 Learner finds peg in the wet? Just the opposite (7)
20 Heads of pepper I may eat (not too overhot) (7)
21 Effect of collision (6)
22 Tempestuous 28, Mrs Dicky (6)
25 Short bone alien in the country (5)

Please send your answers to Sam Nashef who has created the crossword for the Bulletin.

Edwards Lifesciences have agreed to send champagne to the first 2 correct entries. Good Luck!

THE FUTURE TODAY

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