

ANNUAL BUSINESS MEETING

Manchester

Business Meeting 2:

**15.15 - 17:00pm hrs, Wednesday 14th March
Main Auditorium**

Chairman Professor Sir Bruce Keogh

Monitoring Performance

Internal monitoring/External publication

This session continues the debate from UK Registers & Practice and will be limited to 45 minutes

Managing the High-Risk Patient

Report from SCTS working party chaired by Samer Nashef

For Ratification

Revalidation and appraisal - SCTS response to the CMO Patrick Magee and Bruce Keogh

Officers reports Q & A session

- Report from the Distinction Awards Committee.
- Report from the Treasurer (excerpt from accounts)
- Report from the Royal College of Surgeons of England Cardiothoracic Skills Tutor
- Report from the Chairman of the Specialist Advisory Committee on Higher Surgical Training
- Report from the Cardiothoracic Dean
- Report from the Chairman of the Intercollegiate Board
- Report from the Chairman of the Quality Accreditation Programme
- Report from the Thoracic Forum
- Report from the representative to the College of Perfusionists of Great Britain and Ireland
- Report from the chairman of the Panel of Surgical Assistants Examiners
- Report from the Perfusion Representative
- Report from the Meeting Secretary
- Report from the Trainee Representative
- Report from the Nursing Representative
- Report from the President
- Any other business

Date of next meeting

Annual Business Meeting 2 Minutes

Introduction

The formerly published agenda for this business meeting was replaced by the agenda and listed above in view of the intense debate that arose as a result of a presentation on the proposed internal monitoring process for first-time CABG. The initial presentation made by the Honorary Secretary on behalf of the Executive produced considerable debate and it was agreed that further time should be allocated to this. The proposed agenda was therefore abandoned and the rescheduled agenda published the day prior to this meeting.

Monitoring Performance

In order to ensure that all SCTS members present during the meeting were aware of the issues the slides from the UK Activity and Practice session, appended below, were presented once again. The subject was then opened to the floor for debate. As expected many members of the Society spoke for and against the proposal.

In essence the view of the Executive and of those from the floor who supported the proposal was that a mechanism for internal surgeons specific monitoring and by the society, based on crude mortality, had already been in place for several years. This mechanism had been fully supported by a previous ABM at a time when only crude mortality figures were available. The development of the Public Portal and the publication of risk adjusted surgeons specific data combined with the use of UK recalibrated Logistic Euroscore for unit's data meant there should be a unified approach to performance monitoring internally as well as externally. The presentation highlighted the fact that the use of crude mortality could well result in more individuals being found to be an outlier at 2 standard deviations compared to UK recalibrated Logistic Euroscore. The point was also made that it was important to ensure the uniform standard of internal monitoring throughout the specialty and that such a process would ensure that no surgeon became an outlier on the Public Portal.

The opposing view was that exactly the same monitoring standards as used for the Public Portal should be used for internal monitoring by the Society. It was noted that internal monitoring would be based on a 12 month rather than a 36 month period. Concern was also raised about the process of contacting the Medical Director. It was felt that if this process was undertaken it could have a considerable adverse effect on an individual. It was not believed that Trust management would understand that this was simply an early and very sensitive alert rather a cause for concern.

The debate continued from the floor with parties from both sides making impassioned pleas for their case. It had been agreed prior to this meeting that the debate for this topic would be limited to 45 minutes and by this time it was obvious that the debate had reached a natural conclusion. The chairman, Professor Sir Bruce Keogh, summed up the debate and cogently argued that the Society must now draw a line in the sand with regard to data presentation and analysis and move on to more pressing matters such as relicensing and revalidation. The majority view from the floor was that this process should be adopted. The concerns of those who dissented were noted.

Managing the High-Risk Patient

Mr Samer Nashef presented the initial report from the working group. The slides from this presentation are appended below. In principle there was support for the concept that high risk cases should be discussed between surgeons, however some concern was raised that a "one size fits all" and that local variation in terms of the triggers for discussing a high risk case might be required. The initial results of the Papworth experience had been presented previously in one of the scientific sessions of the meeting.

For Ratification

Revalidation and appraisal - SCTS response to the CMO

Messrs Magee and Keogh explained that the working party chaired by Patrick Magee was exploring various aspects of the proposal and this not only included SESATS which had been demonstrated by Leslie Hamilton to the meeting but other aspects such as 360° appraisal, outcomes monitoring and formal appraisal. The SESATS program was well received by the members and it was agreed that a pilot project in compassing the various subspecialties should be set up. It was also noted that in the US cardiothoracic surgeons are required to complete all modules where is it was felt that in this country that a surgeon should only be expected to complete the modules relevant to their day-to-day practice. It was agreed that the working party should continue to develop the process for the Society and that he was expected that a submission to the Royal Colleges would be required by the end of 2007 or early 2008.

Officers reports Q & A session

The reports from the various officers had previously been published on the Society website as part of the relevant agendas. It is the recent policy that there is no formal presentation by all the members of the Executive and the associated Officers but that the reports should be taken as read and then opened to the floor for discussion. No matters were raised from the floor.

Any other business

There were no matters for discussion

Date of next meeting

Sunday, March 9 to Wednesday, March 12.