

## RESTRUCTURING OF THE EXECUTIVE

Proposal that from 1/4/07:

1) The membership of the Executive Committee will be:

### Trustee Members

- President
- President Elect
- Treasurer
- Secretary
- Meeting Secretary
- 6 elected members

### Non-Trustee Members

- Communication Secretary
- Education Secretary
- Trainee Representative
- Nursing Representative
- Lay Representative

2 elected members are selected each year and will be selected by a transferable vote.

The Communication Secretary post replaces the Publication Secretary.

The President retains the power to co-opt additional members if necessary.

2) A second body Representative Body will be formed.

The membership of this will be a representative from each cardiothoracic surgical unit, Chair SAC, Cardiothoracic Dean, Cardiothoracic Tutor and Young Consultant Representative.

The Representative Board will meet twice a year. Its purpose is to:

- Guide strategy
- Provide feedback from and to membership
- Hold Executive officers to account

- **Attachment 1**

## **Reference Group Membership**

### **Consultants**

Uday Trivedi  
Stephen Langley  
John Dark  
Tony De Souza  
Sham Kolvekar  
Peter O'Keefe  
Danny Keenan  
Gianfranco Campalani  
Neil Moat  
Stephen Clark  
Domenico Pagano  
Steven Rooney  
Vipin Zamvar  
Raimondo Ascione  
Nihal Weeraseena  
David Taggart  
Carin Van Doorn  
Frank Wells  
David Waller  
Brain Prendergast  
Glen Wilkinson  
Andrew Cohen

### **Trainees**

Enoch Akowauh  
Arjuna Weerasinghe  
Ralph White  
R. V. Venkateswaran  
Emma Beddow  
Farah Bhatti  
Andrew Chukwuemeka

## Attachment 2

Returned Questionnaires 82

### Member Type

Consultant	56	68%
Trainee	26	32%

### Specialisation

Thoracic	Cardiothoracic	Cardiac	Paediatric
8 (10%)	45 (55%)	23 (28%)	6 (7%)

### Length of Membership

0 to 5 years	6 to 10 years	11 years or more
29 (35%)	19 (23%)	34 (42%)

### Attendance at AGM

Every year	Every 2 <sup>nd</sup> year	Every 3 <sup>rd</sup> year	Less often	Never
23 (28%)	34 (42%)	14 (17%)	10 (12%)	1 (1%)

The bulletin is read by 96% (79/82) and 99% (81/82) visit scts.org:

Weekly	Monthly	Quarterly	Less often	Never
13 (16%)	41 (50%)	19 (23%)	8 (10%)	1 (1%)

### How easy is it to be involved with SCTS?

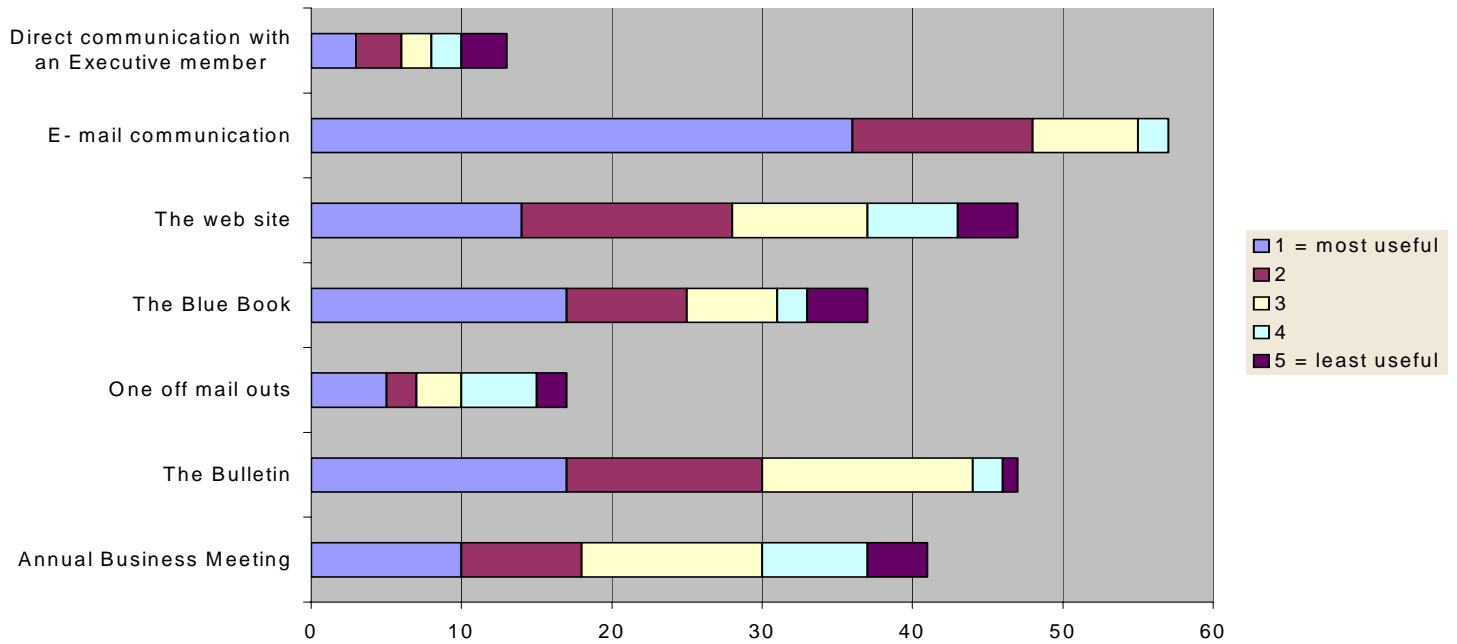
Impossible	Difficult	Easy if I try	Easy	Very easy
4 (5%)	29 (35%)	38 (47%)	6 (7%)	5 (6%)

How much value does your subscription provide?\*

None	Some	Modest	Enough	Plenty
4 (5%)	13 (16%)	29 (37%)	25 (32%)	8 (10%)

\* 4 non responders

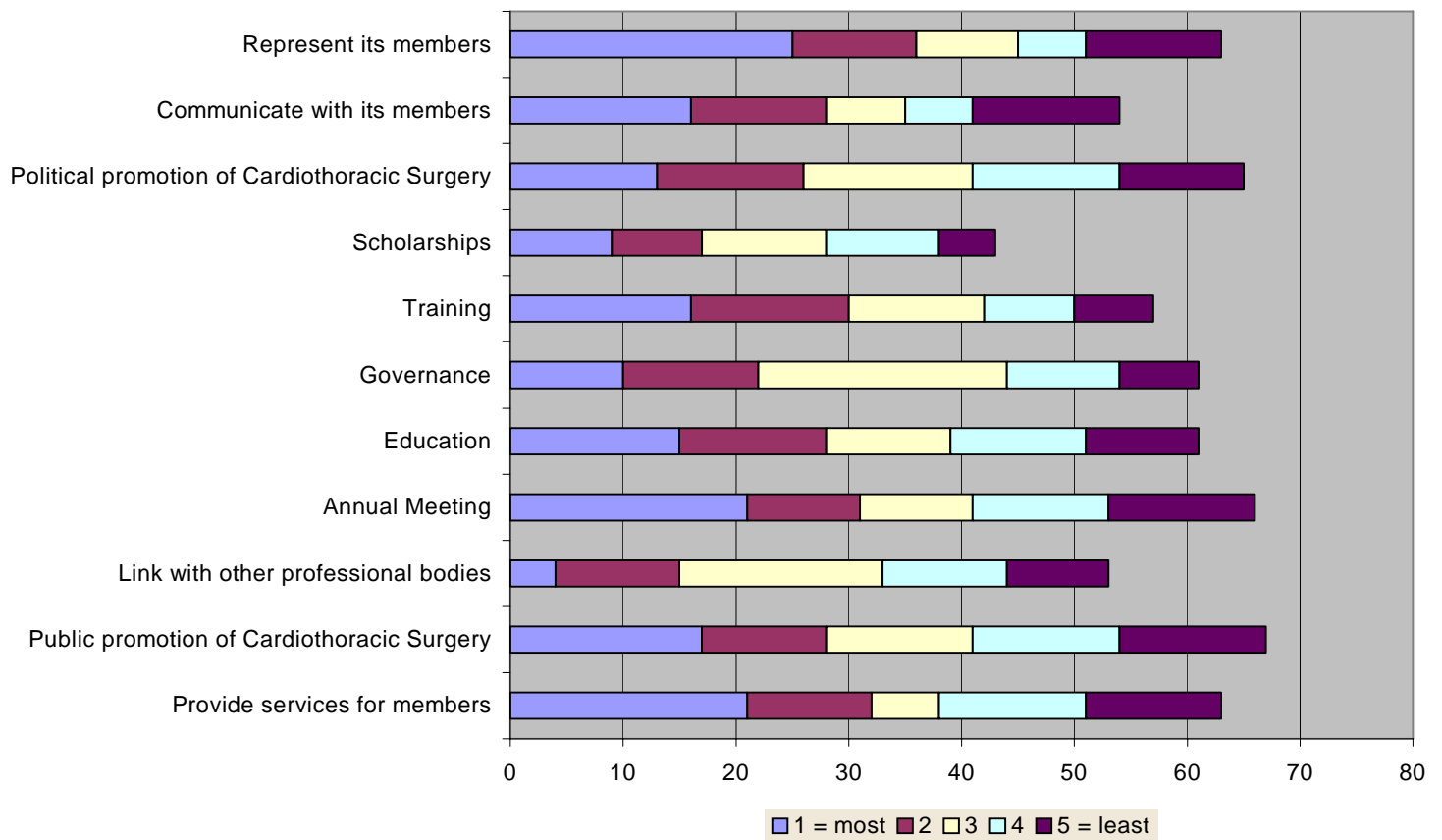
Which form(s) of communication from the Executive do you find most useful?



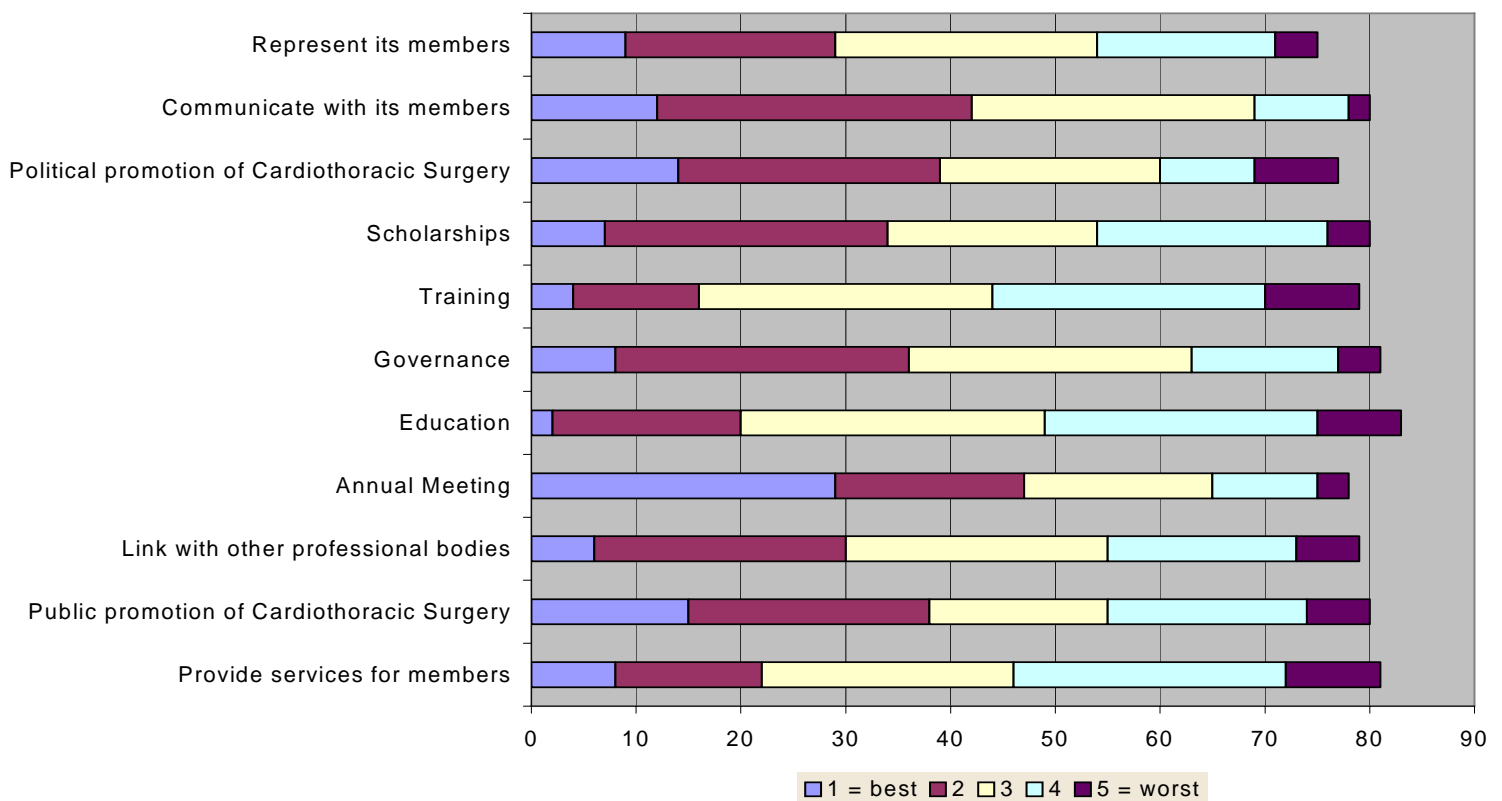
Would communication be *significantly* enhanced if any of these occurred more frequently?

Direct	E-mail	Web site	Blue book	Mail outs	Bulletin	ABM
8 (6%)	42 (33%)	35 (27%)	2 (2%)	12 (9%)	21 (16%)	9 (7%)

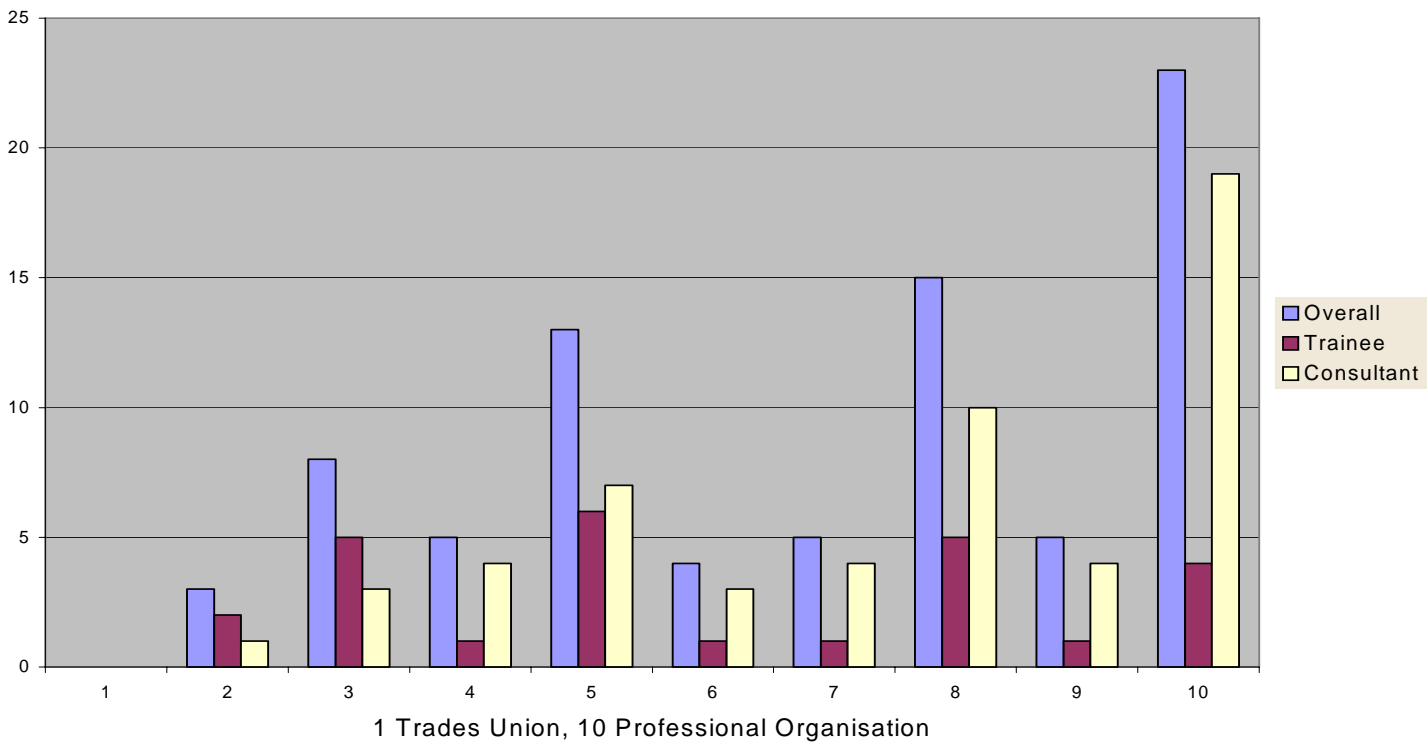
Choose the 5 areas that you consider most important for SCTS and rank them



What does SCTS do well?



Is it more important for SCTS to be a trades union, representing the interests of its members, or to be a professional organisation promoting cardiothoracic surgery?



BCS/BTS

