

Thoracic Surgery Update ABM 2007

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Since the Annual Business Meeting in Dublin last year much has been achieved by an ad-hoc thoracic committee of the 'Society' which I was lucky to chair. Changes in the ABM of the 'Society' are already in place and the 'Society' meeting secretary has responded to the need for a greater representation for thoracic surgery at the annual meeting without the need to change abstract acceptance rules by including an exciting new thoracic clinical session. The Executive has also responded to the need for better thoracic representation by seconding a second member, myself, to help to develop thoracic issues and examine how we can adapt to changes in working practices as thoracic surgeons. There is a need for the establishment of more full-time consultant thoracic surgeons and this need has gained support within the executive. This increase will help to create a greater focus for thoracic surgery and begin to deal with the 'unmet need' for better thoracic surgery availability in the UK as expressed by many physicians. The recognition for a need for action on thoracic surgery issues is now greater than it has been for some time in the 'Society' but we can do better. The new 'Society' voting system, if approved, should enable more proportionate representation of thoracic surgery.

The thoracic group of the 'Society' through meetings, email and telephone have completed a document examining a range of issues specific to non cardiac surgery and have come up with a number of recommendations for future consideration. This document has been sent to all known 'Society' members with current email accessibility. Additional copies are available through email to thoracicuk@yahoo.co.uk. Additional problems must now be addressed. The virtual freeze on trainee recruitment will affect thoracic surgery almost as much as cardiac surgery and it is important we consider how we will provide thoracic services in future with reduced numbers of career trainees. Imaginative and innovative systems must be designed whereby ward management, HAN [Hospital At Night] outpatient management and stronger pre-assessment are introduced. The Thoracic Group has not met since 2006 but we have had a number of rounds of active communication via telephone and email. I feel the group has much work to do in the future as we face, revalidation and significant changes in working practices which we need to assess well before they arrive. We also need to actively support thoracic data gathering by Richard Page. The thoracic group of the 'Society' should now be reconstituted on a more representative basis as there is a need to see what changes are occurring at regional level in thoracic surgery throughout the United Kingdom and Ireland. We should as a professional organisation have a British Isles view on the way ahead for thoracic surgery.