

SOCIETY FOR CARDIOTHORACIC SURGERY
IN GREAT BRITAIN AND IRELAND

Tel: 020 7869 6893 Fax: 020 7869 6890 Email: sctsadmin@scts.org

Annual Business Meeting 2008

STANDING REPORT FROM THE CHAIR OF THE SAC

A. MEETINGS

MEETING	DATE	MINUTES

Personnel changes.

Mr Chris Munsch appointed to Chairman of JCST
Mr Tim Graham appointed Chairman SAC October 2007 (three year term)
Mr Steven Livesey Designated Deputy Chair SAC October 2007
Mr Steven Hunter Continuing in role of Cardiothoracic Dean until 2009.
Miss Farah Bhatti Resigned as trainee representative
Mr Sunil Bhudia Newly Elected Trainee representative December 2007

Vacancies

There are two joint colleges' vacancies on the Cardiothoracic SAC from February 2008 onwards.
Applications are currently being received and the successful applicants should have been identified and their appointment ratified by the four college presidents some time in March 2008

B. MATTERS OF INFORMATION FOR THE MEMBERSHIP:

i. Training standards –

The overall responsibility for the standards and quality assurance of training and training posts lies with PMETB which has been devolved down to the local schools of surgery. Specialty specific input and externality are provided by the SAC by close co-operation between the training programmes and the SAC through the Liaison member system. This is the key to developing and assuring high standards of training without the need for the previous visits programme. The gold guide for training has been released and outlines explicit standards and requirements for training in the PMETB/MMC era. PMETB have recently (30.1.2008) released the standards for trainers.

ii. Intercollegiate surgical curriculum

The Curriculum for Cardiothoracic surgery has now come into force and can be logged on to at www.iscp.ac.uk Trainees already in programmes are being encouraged to change to the

new curriculum and all trainers need to become familiar with the responsibilities within the curriculum

Steve Livesey has taken over the lead role for curriculum development.

Cardiothoracic surgical training is now predicated on the curriculum and the syllabus contains the 14 index clinical conditions which have contributed to the blue print for the intercollegiate specialty exam.

iii. **PMETB/article 14**

The SAC have dealt with fourteen applications to join the specialist register via article 14 and reported back their decisions to PMETB who have agreed with them all. There are 10 outstanding article 14 applications in the pipeline.

iv. **Employment and Manpower.**

The SAC feel that there is a continuing improvement in the manpower issue with fewer unemployed CCT holders than predicted. However we remain cautious about workforce predictions and planning and are currently undertaking a survey of CCT holders 2006 to present and predicted to 2010 to inform the forthcoming workforce review discussion with the Department of Health for the 2009 round of recruitment. Currently (2008) we wish to stay with the numbers of NTN recruitment at the ST3 level as previously agreed.

v. **National Recruitment and Selection 2008**

The SAC are undertaking national recruitment selection this year. There are five NTN vacancies at the ST3 level which have been awarded to five programmes after competitive bidding. Short listing and selection dates have been agreed. All the UK training programmes, the Deaneries and the SAC will be represented in this recruitment process. Scotland and Wales are separately appointing NTN's.

vi. **Academic and Clinical Fellow Appointments (ACFS)**

Five Walport academic clinical fellows were successfully applied for (outside of and unknown to national workforce planning) 2 have been awarded to the South West, 2 have been awarded to the Northern and 1 has been awarded to London. These posts will be appointed to over the course of the next 3 years. The DOH has insisted that these academic clinical fellows will have NTN (A's) attached to them.

vii. **Tooke Report**

The final publication of the Tooke Enquiry (Into MMC and MTAS) was in January 2008. Consultation prior to this had revealed strong support for the original recommendations and a further recommendation was made that a new body NHS Medical Education England should be established.

As the enquiry was originally instigated via the Secretary of State for Health it is now up to the Government to take forward these recommendations. We are unsure of the Governments political will to see these recommendations through.

viii. **JCST (Joint Committee for Surgical Training)**

The JCST have considered their governance and reporting structure and in brief have introduced a curriculum and QA oversight committee curriculum content and assessment sub group, curriculum delivery group and a selection sub committee. This is to recognise the important role of ISCP in surgical training in MMC and to bring it appropriately within the JCST framework. The SAC will be represented on all these committees. JCST and the SAC are concerned with the problem with RITA.G's being awarded to trainees with inadequate experience in particular in operative surgery. This may impact on the awarding of CCT's and the Deaneries and Schools of surgery have been written to advising them of JCST/SAC concerns in this area.

ix. **Society of Cardiothoracic Surgeons Dean.**

The SAC have requested from the SCTS executive clarification regarding the role and future of the cardiothoracic Deans post. The SAC think this is an important post for trainees and should continue and they are engaging consultation with trainees regarding the role/future of the Specialty Dean.

x. **Workforce Document/Survey.**

The SAC will encourage the workforce document and subsequent survey to be widely distributed to all Cardiothoracic units (and Medical Directors of Trusts). The reduction in NTN's (and other trainees with MMC 2008) and implementation of EWTD will potentially lead to major staffing difficulties in particular ITU's in August 2008. This has the potential to pose a risk with patient safety and reduction of levels of standards of care. Whilst this is primarily a service not a training issue the SAC are keen to promote wider debate of this issue within the Society.

xi. **MRCS Exam**

The Intercollegiate committee for basic surgical examinations have developed an MRCS OSCE examination. This examination is intended to be a requirement for entry to ST3 and the purpose of the examination is to determine that trainees have acquired knowledge, skills and attributes for the completion of core training in surgery and for trainees following the intercollegiate surgical curriculum programme to determine their ability to progress to Higher specialist training in surgery. The examination will have generic and specialty context sections but it will be an examination in the generality of surgery and not specialty specific. The Colleges are keen to recruit new MRCS examiners and consultant members of the society with training and educational interests are encouraged to contact their respective college's examinations department to apply to become examiners.

Timothy R Graham
Chairman SAC Cardiothoracic Surgery.