

SOCIETY FOR CARDIOTHORACIC SURGERY IN GREAT BRITAIN AND IRELAND
EXECUTIVE COMMITTEE AGENDA
10:30 – 15:00 Friday 26th June 2026
TRUSTEES MEETING
15:10-16:00
Royal College of Surgeons of England 38-43 Lincoln's Inn Fields London WC2A 3PE
and online

Start time: 10:30

1. Introduction 10.30
2. Apologies
3. Declarations of interest
4. Items for AOB
5. Minutes of last meeting and action points

6. Key items for discussion. Theme: Clinical Transformation in Cardiothoracic Surgery 11.00
 1. President's Report. 11:00-11:20
 2. Congenital Cardiac Surgery Report 11:20-11:40
 3. Transplantation Report 11:40-12:00
 4. Adult Cardiac Surgery Transformation Programme 12:00-12:20
 5. Priorities in Thoracic Surgery 12:20-12:40
 6. Proposed constitutional amendment on President-elect terms 12:40-13:00

Lunch 13:00-13:30

7. Individual reports not covered in section 6: points for decision. 6 minutes each 13:30

D Meetings Team
E Communications
F Nursing and Allied Health Professionals
G Adult Cardiac Surgery
H Thoracic Surgery
I Congenital Cardiac Surgery
J Transplantation
K Audit
L Academic & Research
M Examination
N SAC
O RCS
P Education
Q Trainee Representatives
R TAD
S WiCTS
T Patient Safety & Quality Working Group
U. Sustainability Working Group
V. Professional Standards Committee
W. Perfusion Representatives

8. AOCB

15:00- executive ends

15:10-16:00- Trustees meeting

FUTURE MEETING DATES:

2026

Executive 16th October - 4th floor meeting room, RCS

SCTS DASHBOARD

June 2026

A. Membership

i. Total members and by category

Please note categories have now changed and existing numbers are quoted using these new categories⁺

	June 2025	October 2025	June 2026
Consultant (inc substantive & locum)	336	337	327
Nationally Appointed Surgical Trainee	151	159	157
Cardiothoracic Surgery Medical Practitioner (formerly Medical Practitioner)**	263	272	262
Consultant Overseas	2	2	1
Overseas Trained TAD/NTN	10	15	20
Allied Medical Professional*	6	6	4
Nursing & Allied Health Practitioner****	307	315	298
Surgical Care Practitioner (Qualified)	48	48	48
Surgical Care Practitioner (Trainee)	23	24	21
Student	573	623	380
Honorary***	257	258	257
Total	1976	2059	1775

**includes Cardiologist, Respiratory Physician, Vascular Surgeon, Anaesthetist, Intensivist, Oncologist, Radiologist, Medical Director, Other*

***includes SAS Doctors (Associate Specialist, Staff Grade, Speciality Doctor), Trust Appointed Trainee (Clinical Fellow, Senior Clinical Fellow, Trust Grade or Trust Doctor), Core Surgical Trainee, Foundation Year Doctor, Research Fellow, Overseas Surgeon, Other*

****includes Guest Speakers, Senior members and Database Managers*

*****Advanced Nurse Practitioner (ANP), Physician's Assistant (PA), Perfusionist, Physiotherapist, Pharmacist, Occupational Therapist, Other*

A. STANDING REPORT FROM THE PRESIDENT

A Coonar

Introduction

Since February there has been substantial activity across the Society. The highlight was the very successful annual meeting in Belfast.

Clinical Programmes

The Society's principal purpose remains the advancement of cardiothoracic surgery and the improvement of care for patients, 'making Heart, Chest & Lung Surgery better'.

The re-established Transplant Committee has made considerable progress. Through a structured consensus process we are developing a consultant surgeon view of the desirable characteristics of a modern cardiothoracic transplant unit and national service. This work is providing an opportunity to identify common priorities and establish a stronger professional voice in future discussions with national healthcare administration.

Our congenital colleagues have completed a consensus document, *A Framework for Good Practice in Congenital Heart Surgery in the UK and Ireland*, which represents a significant contribution from the specialty.

The Cardiac Surgery Transformation programme focussing on MIS & ERACS continues.

Thoracic surgery continues to make progress across several initiatives.

The Society has also continued to work closely with commissioners, NICOR, industry partners and other professional organisations to support improvement across the specialty.

In response to growing geopolitical uncertainty, SCTS has joined discussions regarding preparedness for the potential reception of military casualties in the UK and to consider how to maintain services during such a period.. This work, known as *RAMP (Reception Arrangements for Military Personnel)*.

Annual Meeting

The Annual Meeting in Belfast, led by Sunil Bhudia and his team, was a considerable success. The quality of the scientific programme reflected the breadth of innovation taking place across cardiothoracic surgery and provided an opportunity to strengthen relationships with colleagues with each other and overseas.

A particular highlight was the presentation of the Lifetime Achievement Award to Sir Bruce Keogh in recognition of his contribution to both our specialty and the NHS. The oration was given by Past president Simon Kendall.

Organisation and Leadership

Several important changes have taken place within the Society's leadership team.

I would like to thank Mark Jones for his service as Treasurer and congratulate him on his move to Chair of the SAC. Karen Redmond has taken over as Treasurer and Carol Tan has joined as Meetings Secretary.

Sri Rathinam has made a substantial contribution as Communications Secretary and in many other roles and will shortly hand over to Indu Deglurkar.

Within the Secretariat, new members of staff have settled well into their roles, and John Cowx has made a valuable contribution as voluntary Business Coach.

I remain grateful to President-elect Enoch Akowuah and Secretary Doug West. The three of us are in contact on an almost daily basis and are supported by a Senior Leadership Team that meets weekly.

Considerable attention has also been given to strengthening the Society's administrative and operational functions. As expectations of SCTS continue to increase, we must ensure that our structures remain fit for purpose and capable of supporting future growth. We are in the process of appointing a Voluntary interim COO.

Professional Culture

As a community of committed professionals, unfortunately we continue to encounter situations where difficulties in professional relationships affect team function and, potentially, patient care.

Following publication of our guidance on *Retraining and Reskilling* and *Managing Risk*, we have received requests from other specialties and organisations seeking advice and support. Elements of this work are also being used to inform policy development by the FSSA (Federation of Surgical Specialty Associations).

Financial Sustainability and External Engagement

Strengthening the Society's financial position remains a priority.

Recent financial reviews have been encouraging, and further detail will be provided by the Treasurer. However, if we are to support the ambitions of the Society, we must continue to develop new sources of income and including active fundraising.

One aspect of this is the development of *Friends of SCTS*, which will provide opportunities for patients, supporters, charities and partner organisations to engage more closely with the Society.

Following the success of last year's event, SCTS will again participate in the London to Brighton Cycle Ride on 13 September 2026. Beyond fundraising, this initiative increases the visibility of our specialty and reflects a wider commitment to health.

Next priorities

Three areas will require particular attention over the coming months.

Clinical Delivery

The first is continued progress of the transformation programmes across cardiac, thoracic, congenital and transplant surgery. These initiatives represent some of the most important work currently being undertaken by the Society and will require your continued support.

Financial Resilience

The second is strengthening the Society's financial base. We need to ensure that our income is sufficient not only to maintain current activities but also to support future ambitions. Fundraising, sponsorship and careful stewardship of resources will therefore remain important priorities.

SCTS 100

The third is developing ideas for the Society's forthcoming centenary. This provides an opportunity to celebrate the achievements of those who built the Society, engage our members and partners, and consider what role SCTS should play over the next decade and beyond. It can also be an opportunity for fundraising & visibility.

Strengthening the Presidential Office

Over the last year there has been considerable discussion regarding continuity of leadership and how best to support future Presidents.

Following consultation with Trustees, the Executive Committee and members, a constitutional amendment has been developed that would create a three-year progression through the offices of Junior President-Elect, Senior President-Elect and President.

The first year would allow an individual to develop further familiarity of the Society leadership. The first and second would provide an opportunity to develop priorities and policy. The third would focus on delivery and the visible leadership of being President. . The proposal recognises both the increasing demands placed upon the presidency and the need for greater continuity between administrations. It also provides a clearer pathway for leadership development whilst also allowing more individuals the opportunity to serve at the highest level of the Society.

Although there is no formal role for former Presidents, their experience remains invaluable. I was therefore pleased that so many attended the Presidents' Dinner at the Annual Meeting and continue to contribute their advice and support.

B. STANDING REPORT FROM THE HONARARY SECRETARY

D West

Dates of Meetings of Subcommittee: Weekly senior leadership team and separate weekly secretariat team meetings.

Other Meetings Attended: Annual Scientific Meeting Belfast.

A. Matters for Consideration by the Executive Committee

-Draft amendment to Presidential terms drafted for vote as a Special Resolution at next week's Annual. General Meeting (see attached paper).

B. Matters for Information

-Annual General Meeting online next week: 16:00-17:30 Thursday 2nd July 2026.

-BORS confirmed 26th September 2026 De Vere Connaught Rooms London.

-Subcommittees. Recent leadership in adult cardiac, thoracic, transplant and congenital committees.

-Election of three new trustees.

-Secretariat. Weekly business meetings take place in conjunction with business coach. Completion of annual appraisal cycle and salary review.

-Resolution of JTCVS oversupply issue.

C. STANDING REPORT FROM THE HONORARY TREASURER

K Redmond

Audited Accounts – Y/E 30 September 2025

The audited accounts for the year ended **30 September 2025** reported a **surplus of £5,511 increasing** total funds from **£713,466** to **£718,977**. This is consistent with the audited accounts and shows that, despite a modest surplus, the Society's overall reserves increased during the year. SCTS remains financially stable, with strengthened unrestricted reserves and improved cash liquidity supporting its charitable objectives.

Financial Performance

Total income increased from **£1,073,026** in 2024 to **£1,104,277** in 2025.

Annual Meeting: The Annual Meeting remained the Society's largest source of income during the year:

- Total income: **£596,343** (2024: **£490,875**)
- Total expenditure: **£490,178**
- Surplus generated: **£106,165**

Education: Educational activities continued despite a reduction in grant funding.

- Total income: **£246,443** (2024: **£344,217**)
- Total expenditure: **£195,251**
- Surplus generated: **£51,192**

Other Charitable Activities

- Total income: **£193,213** (2024: **£186,150**)
- Total expenditure: **£438,436**
- Deficit: **£245,223**

Fundraising and Trading Activities

- Total income: **£53,679** (2024: **£29,505**)
- Total expenditure: **£5,368**
- Surplus generated: **£48,311**

Costs of Management and Governance

- Management and administration costs: **£388,537** (2024: **£348,133**)
- Governance costs: **£43,571** (2024: **£49,147**)

Fundraising

A significant achievement was participation in the inaugural **London to Brighton Cycle Ride** in September 2025. This established a foundation for future fundraising growth:

- Attracted more than 30 riders.
- Increased visibility of SCTS.
- Raised over **£40,000**.

Reserves at 30 September 2025

- Unrestricted funds: **£258,393** (2024: **£(12,642)**)
- Restricted funds: **£460,584** (2024: **£726,108**)
- Total funds: **£718,977** (2024: **£713,466**)

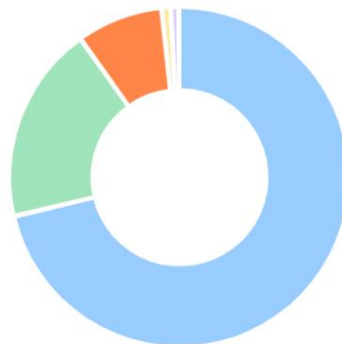
Financial Position – 6 Months to 31 March 2026

The financial position at 31st March 2026 of the current financial year remained positive.

- Income (6 months): **£921,095**
- Surplus for the period: **£150,640**
- Net cash increase: **£322,251**
- Closing bank balance: **£542,993**
- Net assets: **£869,617**
- Debtors: **£196,257**
- Creditors: **£178,043**

Income Sources (6 months to 31 March 2026)

Composition of SCTS income for the first six months of the financial year.



- Annual Meeting (Registration, Sponsorship & Exhibitors)
- Education
- Fundraising & Donations
- Membership Subscriptions
- Other Income

Finance Compliance Calendar

Area	Key Activity / Deadline
Monthly Payroll	Submit payroll changes to accountants by the 8th of each month. Ensure payroll funds are available for payment by the 14th .
Quarterly VAT Returns	VAT preparation and review in October, January, April and July , with submission to HMRC following approval.
Annual Audit & Accounts	Financial year-end 30 September . Audit process runs October–January , with accounts approved and signed off in February .
Company Secretarial	Review Confirmation Statement details in January . Confirmation Statement due 24 January 2027 .
Statutory Filings	Companies House accounts due 30 June . Charity Commission Annual Return and Accounts due 31 July .
Governance	Notify accountants promptly of any trustee or governance changes.

Key Priorities for 2026/27

- Review staffing structure and organisational sustainability, including the proposed Chief Operating Officer and Charity Secretary role.
- Assess the RCSE Estates and IT contract to ensure continued value for money and operational effectiveness.
- Enhance digital engagement through website redevelopment and improved fundraising capability.
- Develop a sustainable income-generation strategy, including fundraising, donations, educational activities and Annual Meeting income.
- Review the Society's investment strategy to ensure alignment with financial objectives and risk appetite.
- Strengthen member value through enhanced benefits, professional support and educational opportunities.
- Explore new commercial income streams through data services, consultancy, professional review services and endorsement activities.

Report Prepared by:

Karen Redmond
Honorary Treasurer

Sophie Khan
Finance Coordinator

June 2026

D. Meetings Team

Officer/Chair Name: Carol Tan

Team Members – Carol Tan, Gianluca Lucchese, Amit Modi, Rosalie Renamagboo, Jean Paul Evangelista, Tilly Mitchell, Emma Piotrowski (maternity leave)

- **Matters for Consideration by the Executive Committee**
 - i) Cover for Emma Piotrowski’s role within Meetings team (due to return end 2026, likely to part-time position)

- **Matters of Information for the Executive Committee**
 - i) SCTS Annual Meeting 2026 delivered successfully in Belfast
 - (1) 1221 registrations
 - (2) 626 abstracts submitted; 466 accepted (195 oral, 84 moderated, 182 e-posters)
 - (3) Profit of £122k

	2026 Belfast	2025 Edinburgh	2024 Wales	2023 Birmingham
INCOME	£ 702,512.13	£ 632,342.11	£ 536,183.79	£ 539,912.40
EXPENDITURE	£ 539,668.37	£ 490,382.51	£ 423,503.27	£ 404,943.33
SURPLUS / DEFICIT	£ 162,843.76	£ 141,959.60	£ 112,680.52	£ 134,969.07
OFFICE EXPENSES	£ 40,000.00	£ 40,000.00	£ 40,000.00	£ 38,003.66
TOTAL SURPLUS / DEFICIT	£ 122,843.76	£ 101,959.60	£ 72,680.52	£ 96,965.41

- ii) Outgoing team members – Sunil Bhudia and Nisha Bhudia
- iii) New appointments
 - (1) Amit Modi, Associate Meetings Secretary
 - (2) Jean Paul Evangelista, Associate NAHP Meetings Lead
- iv) Next annual meeting 21-23 March 2027 ICC Birmingham

Meetings Attended

MEETING	DATE	MINUTES
SCTS Annual Meeting	15-17 March 26	Nil
SCTS 2026 and Millbrook wash up meeting	8 April 26	Nil
SCTS 2026 and ICC Belfast debrief	13 April 26	Nil

E. STANDING REPORT FROM THE COMMUNICATIONS SECRETARY

S Rathinam

Reviewing the path and planning for the future: S Rathinam Communication secretary

I was appointed as Communications Secretary in 2022. This post was created to assist the Honorary Secretary with their ever growing workload as well as to redefine the role and importance of communication from the SCTS. The SCTS has always valued communication with its membership and endeavours to cater to its needs.

As well as overseeing the various communication strands of the SCTS, the communications secretary and the sub-committee would help with the SCTS Annual Report, Annual BORS report and Unit Engagement events. I look back at the last four years of how this role has evolved and the committee's success as I hand over the reins to Prof Indu Deglurkar who will be the new SCTS communication secretary by the time this issue is printed.

Committee Members:

A big thank you to all the committee members during my time leading this subcommittee. We have made progress with various plans, however, there are still projects which are a work in progress. All of this will not be possible without the support of the committee members as well as the secretarial staff in the office.

Terms of Reference:

We created a term of reference for the Subcommittee in 2024; the Committee still has the founding members with a recent call to refresh the committee. We have had a few meetings in the last year but still have delivered on our communication strategy.

Communication Strategy:

I think as a team we have delivered most of the strategic objectives set in 2022.

- Oversee all aspects of communication of the organisation
- Interact with the various co-chairs of the committees of SCTS
- Ensure members and public are kept up to date with the developments in the Speciality
- Newsletter and Monthly Update
- To streamline the content in the weekly updates
- To offer a monthly focused communication "From the Chest"
- Bulletin: Review arrangements with publishers regarding tariff and revenue from advertisers
- Create a single focused brochure highlighting sponsorship & strategic partnership opportunities for industry
- Engage with a journal to publish SCTS Abstracts: JTCS
- The Living Textbook of Cardiothoracic Surgery: Archive all the SCTS university

Bulletin:

We have reduced the number of print copies with an electronic offering to be more sustainable. Dio has taken over from Indu as Editor. We continue to engage with Open Box as our publishing partner and have extended the current contract with them. We changed arrangements with them to only paying for the production process whilst generating advertising revenue for SCTS and thereby making a profit.

From the Chest:

The FTC has highlighted the softer side of our members as well as highlighted the heritage of various units. The Escapists Club offers insights into Surgeon's passions, inspirational stars and various articles as a soft edition complementing our SCTS Bulletin.

Publishing SCTS Abstracts in JTCS:

We have negotiated an arrangement with JTCS which allows us to publish our annual meeting abstracts as a supplement. There are ongoing discussions to resurrect the Perspectives in Cardiothoracic surgery, the monologue of best lectures of the SCTS University.

BORS and Executive Reports:

The SCTS will not deliver on its charity charter and vision if we don't engage with our members. The Unit Representatives act as a conduit between the Executive and the individual units and the communication committee has been integral in coordinating the board of representatives' report. We have highlighted and shared best practice and have also surveyed unit practise on sustainable surgery.

The fantastic work which all the committee chairs deliver for the SCTS is collated in the annual report.

Social Media:

Our social media presence has significantly improved over the last few years, including the media wall and juicer which brings all social media posts by SCTS on to our website. Our social media platforms have proved to be integral to the London to Brighton ride promotion and raising the profile of the SCTS.

Website:

The website is about to undergo an overhaul as it has been nearly 5 years since we last did a major reorganisation. We have, however, in the last few years added various new sections to the website.

Tribute boards:

It is really sad when we lose very valuable senior colleagues and we have created profile pages for colleagues, peers and the public to leave kind words about deceased members. It is staggering to see how many we have lost in the last few years.

Member Wellbeing:

We have created sections for member well-being on our website including resources support and guidance on dealing with Bullying and Harassment.

Position statements:

SCTS has maintained itself as the main advocate to our patients with disease of the chest, heart and lungs. There have been issues and challenges which have faced our specialty both in terms of professionalism as well as patient care and this has prompted the SCTS to have guidance documents and position statements which are hosted on our website in a dedicated section.

Change is the only constant

In my time with the SCTS executive over two decades I have been associated with excellent, motivated individuals in the senior leadership team and the executive. It has significantly changed and evolved for the better. As various surgical societies and organisations talk about an inclusive culture, our charity leads by example as reflected in our current senior leadership team and executive.



External Collaboration:

One of the responsibilities of the Communication secretary is liaising with other organisations and promoting collaborative working. I had the privilege of representing SCTS in the Stake holder meeting organised by the Royal College of Surgeons of England to explore a Collaborative International Strategy to support training, education and professional standards in the international arena. SCTS has signed a Memorandum of Understanding with the European Society of Thoracic Surgeons to work in close collaboration. We have worked closely with international partners in India, Egypt and ESTS for collaborative ventures and shared learning.

“Every beginning has an end and every end is a new beginning.”

After spending nearly 10 years as SCTS Tutor and Education secretary, the Communication Secretary role was a new challenge which I embarked on four years ago. I have completed many of the strategic points which we planned, there are still some in the process. But every journey has to come to an end and to hand the portfolio to someone who will build on and make things even better. I wish Indu the new communication secretary all the very best in her tenure as the Communication Secretary and I am sure she will make a grand job of it. I thank all of you for your support and feedback which has allowed me to deliver the role.

F. STANDING REPORT FROM THE NURSING & ALLIED HEALTH PROFESSIONAL SUB-COMMITTEE

A Walthew

Meetings Attended

MEETING	DATE	MINUTES
NAHP Quarterly meeting June 2026 x2	January/June 2026	Yes
SCTS Annual Meeting	March 2026	-

A. Matters for Consideration by the Executive Committee

- Can previous subcommittee members reapply for a different subcommittee position?
- We did appoint a research lead, however as discussed in our previous meeting this was put on hold due to a possible conflict of interest as they had just taken a new role within industry. This is still ongoing, and our research leads are involved. Also awaiting approval from the applicant's side-Getinge's Ethics & Compliance Team. He has asked-If he becomes involved in research leading to the development of new tools, devices, or commercial products, there could be a perceived conflict within the medical technology industry (e.g. research leading to the development of new vessel harvesting device or kit that may have commercial implications)?

B. Matters of Information for the Executive Committee

- We have vacancies for a physiotherapy lead/ Education co-lead and pharmacy lead, please share with your teams and encourage people to apply.
- Positive NAHP attendance and feedback received from the annual meeting.
- SCTS Represented at Joint Cardiology and Genomics Conference-Rosalie Magboo and Nisha Bhudia represented the SCTS at the Joint Cardiology and Genomics Conference held in London on 15 May 2026, alongside representatives from 11 other organisations. The event was organised by the South-East Genomics Medicine Service. The conference aimed to provide foundational knowledge in cardiovascular genomics and explore its practical applications in everyday clinical practice through a case study-based approach. Rosalie and Nisha presented a case study of Marfan syndrome patient with multiple aorto-vascular surgery. The programme brought together professionals from across healthcare disciplines to discuss developments in genomics and their growing role in cardiology/cardiac surgery services.
- Research- forthcoming project- The SCTS NAHP-Led Research Group is launching a National Ambulatory Chest Drain Audit to develop a standardised care pathway for patients discharged with ambulatory chest drains following lung resection surgery.

This national collaborative project will evaluate variation in current practice, improve patient safety, reduce hospital length of stay, and inform SCTS-endorsed best practice guidance. Participating thoracic centres have been asked to nominate a local lead and submit retrospective data using a standardised dataset during the audit period. Guidance on methodology, governance, data submission, and timeline will be provided during project setup. The audit is scheduled to commence in August 2026.

- Perfusion-There will be a National Rollout of Minimally Invasive Cardiac Surgery (MICS) ERACS. Therefore, perfusion teams will need to be trained. Concerns have been expressed as most cannulas used for these procedures are supplied by one company. They are manufactured and in the United States of America, supply of these can sometimes be an issue now so could be problematic going forward.

G. STANDING REPORT FROM THE ADULT CARDIAC SURGERY SUB-COMMITTEE

M Kuduvalli

A. Matters of Information for the Executive Committee

Adult Cardiac Sub-Committee (ACSSC) Report for EXECs:

Harikrishna Doshi: Co-Chair: SCTS Adult Cardiac surgery subcommittee: Consultant Cardiac and Transplant surgeon, Golden Jubilee National University Hospital, Glasgow

Giovanni Mariscalco: Deputy Chair: SCTS Adult Cardiac surgery subcommittee: Consultant Cardiac surgeon, Glenfield Hospital, Leicester.

Engagement with NICE: SCTS, via the ACSSC has engaged with NICE as stakeholders on various guidance and technology assessments.

Ongoing: Interventional Procedure: IP2042: ACSSC is currently involved with NICE for providing Professional Expert Advice for Insertion of a catheter-based intravascular microaxial flow pump for cardiogenic shock (IP2042)

Engagement with Health Technology Wales Request for expertise:

Health Technology Wales (HTW) is a government funded, but independent, health technology assessment organisation. They assess non-medicine health technologies and issue independent, authoritative guidance based on evidence and expertise to health and care providers in Wales. Their work informs commissioning by NHS Wales and within social care services and supports decision makers to make evidence-informed decisions. As part of their appraisal process, they invite experts in the field of a particular topic to take part in an expert review of the work. This involves a critical reading of a draft of our Evidence Appraisal Report (EAR) and providing comment, either on specific issues/uncertainties that their research team need help clarifying, or the general content of the report and its robustness – They provide a response document with some key questions to assist with this. Guidance document with a little more information about the process is provided and stored in folder for the project. They are currently undertaking a reassessment of Transcatheter aortic valve implantation for people with severe symptomatic aortic stenosis who are at intermediate surgical risk, along with the new topic of Transcatheter aortic valve implantation for people with severe symptomatic aortic stenosis who are at low surgical risk. SCTS via ACSSC is currently involved in providing the expert review.

Type B Aortic dissection and Aortic Toolkit:

Dr Dawn Adamson, is a National Speciality Advisor for Heart Disease NHS England, and Chair of NHSE Heart Attack and OOHCA Expert Advisory Groups. He is currently finalising the NHSE / combined societies second toolkit for aortic dissection designed to address the management of Type B aortic dissection, but to then go forwards into the wider scope of aortic pathology. This includes surveillance of post op patients, the management and surveillance of aortic dilatation including that that was found incidentally on other scans etc. SCTS via ACSSC is involved in reviewing the toolkit and provide feedback.

NCEPOD investigation into 'Aortic catastrophes':

SCTS has been approached by Mr Marcus Brooks (Vice president for the vascular society of Great Britain & Ireland) and Dr Collin Bicknell (Chair of the British Society of Endovascular

Therapy Annual Meeting committee) from Imperial College. They are working up a proposal for an NCEPOD (National Confidential Enquiry into Patient Outcome and Death) investigation into 'Aortic catastrophes'. Their aim is to build on work done by the Vascular Society, RCEM and ACTSs to improve the emergency care of people presenting with an acute non-traumatic aortic emergency; ruptured aneurysm (rAAA) or acute aortic dissection (aAD). The plan is to widen the scope of a NCEPOD investigation to all non-traumatic emergencies as the challenges around detecting infrequent events, referral pathways, timely transfer and treatment by specialist aortic multi-disciplinary teams using the right operation (specifically access to endovascular repair for rAAA and a specialised aortic surgeon for TAA) and essential to achieving the best clinical outcomes. They are looking at data which would highlight areas of best practice and where improvements are needed. They have sent their draft proposal. If they are successful, they will need multi-professional support for NCEPOD to adopt this proposal. SCTS via ACSSC has reviewed and supported the proposal.

Aprotinin project:

SCTS has been asked by the Medicine and Healthcare products Regulatory Agency (MHRA) to look into our current practice of label use of Aprotinin during cardiovascular surgery. In 2013 restricted indication was implemented for the use of Aprotinin following conclusion of a European review of the benefit and risks of antifibrinolytic therapy following cardiopulmonary bypass. This allowed lifting of the license suspension for Aprotinin which was implemented in 2007 due to safety concerns. A condition of the reinstatement for Aprotinin required implementation of a registry which was a mandatory requirement (Nordic Aprotinin Patient Registry, NAPaR). This was implemented to monitor the pattern of use of Aprotinin with supply of Aprotinin to cardiac centres who committed to participate in the registry. The NAPaR registry has come out with its outcome which suggests that while cardiac centres in 9 European countries used Aprotinin, in the majority of the patients (52.2%) were treated in the UK. The registry also found that only 20% of the patients treated with Aprotinin in UK centres underwent isolated coronary artery bypass whereas 80% undergoing the high risk procedures including aortic surgery, valve surgery and surgical treatment of endocarditis etc. the one where Aprotinin was used. Thus, SCTS via ACSSC has undertaken review of current practice and came up with statement regarding the use of Aprotinin. This has been submitted to Execs on 16/01/2026.

RAMP Discussion:

Reception arrangements for military personnel (RAMP) are the provisions and measures needed to ensure that military and other eligible personnel can receive timely medical care within the National Health Service (NHS) following repatriation to the UK. RAMP procedures can be scaled to match the level of demand. RAMP planning is considered routine Emergency Preparedness, Planning and Resilience (EPPR) business. The importance of timely preparation has, however been re-emphasised in the recent Strategic Defence Review. Joint NHS-MoD planning exercises have been conducted throughout 2025 for RAMP Operate and Ramp Medium, with further activity planned in 2026 for RAMP Large. At present, baseline assumptions are modest, but future planning requires us to consider how cardiothoracic surgery and our wider teams would contribute to a more complex and higher-volume response. SCTS is leading the discussions and ACSSC is providing the required support.

Endorsement of SDCEP Antibiotic Prophylaxis Against Infective Endocarditis

implementation advice:

Mr Syed Rana and Mr N Moorjani were SCTS representatives on the SDCEP (Scottish Dental Clinical Effectiveness Programme). Short Life Working Group was formed to revise its Antibiotic Prophylaxis against Infective Endocarditis Implementation Advice. The SLWG comprised representatives from all stakeholders - cardiac surgeons, cardiologists, dentists, public health physicians, and others had a series of well-organised meetings to update the advice supporting NICE CG64 Prophylaxis against infective endocarditis. The published advice would apply across the UK. SCTS has endorsed the guideline.

Job Description Review:

In accordance with the 2005 NHS Good Practice Guidance, the Royal college of Surgeons (RCS) helps NHS trusts in appointment process of a new Substantive Consultant Surgeon by helping in creation of a high quality job description (JD), providing constructive comments to ensure issues are addressed before the document is finalised and the post is advertised. This role is undertaken by the College Regional Specialty Professional Advisors (RSPA) and Specialty Associations (SA).

For Cardiac surgery, this work is undertaken by SCTS through ACSSC. During last year, ACSSC has been involved in review following upcoming Substantive Consultant's post across UK

- University Hospitals Coventry and Warwickshire NHS Trust
- Guy's & St Thomas' NHS Foundation Trust
- Oxford Heart Centre, John Radcliffe Hospital
- Royal Sussex County Hospital
- University Hospital of Wales
- University Hospitals Plymouth NHS Trust
- Barts Health NHS Trust
- Hull University Teaching Hospitals NHS Trust
- Humber Health Partnership, Hull University Teaching Hospitals

Change in the working of ACSSC & Future directions:

ACSSC has provided robust support to SCTS Execs team in various areas over the years. Continuing on to the fabulous work of the predecessors and adjusting to the newer challenges, it was felt during the ACSSC full committee meeting in Belfast that we need to introduce strategic changes in working of ACSSC. Following further discussions, the structure of the committee has been revamped and core group and wider group have been identified. Two Core members post have been advertised and generated good response. We are awaiting shortlisting and interview to be completed by June. The Chair and Deputy Chair have decided to have weekly update meeting regarding various on going projects and once Core members are in place, monthly 'Core Group' meetings will be introduced with wider committee meetings twice a year.

The ACSSC has agreed to develop repository of template documents addressing key operational and professional topics within cardiac surgery. These would include areas such as job planning, "Surgeon of the Week," and "Surgeon of the Day" models, among other workforce and service-delivery arrangements. Given the significant professional, organisational, and interpersonal sensitivities associated with these subjects, the repository

would provide carefully developed, adaptable templates to support consistency, transparency, and best practice across units.

H. STANDING REPORT FROM THE THORACIC SURGERY SUB-COMMITTEE

R Beattie

Co-chair: Rory Beattie (Trauma and NI Rep.)
 Executive Co-chair: Doug West (Hon Sec, GIRFT, NCIP Rep)
 Deputy Co-chair: Tom Combella

Karen Redmond	Former Chair/Treasurer	Joel Dunning	Robotics/Pectus Rep
Nizar Asadi	Elected Member	Gerard Fitzmaurice	ROI Rep
Leanne Ashrafian	Robotics Rep	Kandadai Rammohan	Data Chair
Elizabeth Belcher	Education Rep	Malgorzata Kornaszewska	Wales Rep
Nathan Burnside	Data Rep	Xiao Liu	AHP Rep
Jee Soo Choi	Trainee Rep	Guillermo Martinez	ACTACC Rep
Aman Coonar	NHSE Rep/ President	Babu Naidu	PSP/Research Rep
Syed Qadri	Lung Cancer Rep	Sridhar Rathinam	LVR/Com Rep
Mike Shackcloth	Education Rep	Mathew Thomas	Scotland Rep
Edward Carauna	Diaphragm Rep	Maninder Kalkat	Airway Rep
Aresu Guiseppe	Charity/Transplant Rep	Josh Lodhia	Coopted for Database

Rory Beattie took over from Karen Redmond as Chair early in 2026. He's doing his best to emulate her energy, vision and admin skills! Doug West continues as Executive Co-Chair and Tom Combella has been appointed Deputy Co-Chair in June 2026. The thoracic subcommittee continues to meet via Teams on a monthly basis, with a face to face meeting at the Annual Meeting. With twenty-four members representing various subspecialty interests, roles and countries, they continue to be very productive meetings.

Pectus Working Group

Joel Dunning has taken over from Karen as lead for the Pectus Working Group. The RESTORE Trial has now completed recruitment. The National MDT has just celebrated its third birthday, having discussed over 700 patients. Patient discussions are now recorded on a Pectus Database, and the group is considering the ideal organisation of pectus care nationally.

Priority Setting Partnership

Babu Naidu has led on the PSP, collaborating with the James Lind Alliance. Through a series of questionnaires and workshops, engaging patients, their families and clinicians, the group launched the [Top 10 Questions for Cancer and Non Cancer](#) at the 2026 SCTS Annual Meeting. These provide a fantastic map for thoracic research in the UK and Ireland over the next decade. The group is engaging with researchers to plan studies to address these important questions.

National Thoracic Database

Kandadai Rammohan, Nathan Burnside, and Josh Lodhia have put a tremendous amount of work into creating a National Thoracic Database. After exploring the various options, SCTS has teamed up with Epic to create a fully bespoke database for all operations in thoracic surgery. Interested groups designed the desired and essential fields for each operative category, and Epic has completed the database build. Data storage is being finalised but is likely following the cardiac model through the University of Bristol.

The next step will be further engagement with data leads and database managers in each unit, mapping current databases to the national database, and supporting units through the submission process. Units will be able to submit either using their own Dendrite database, or through a mapped spreadsheet. Units submitting data will be able to submit proposals to use the national level data for research purposes. Funding has been agreed for a Thoracic Database Manager (6 hours/week), which is due to be advertised once banding is finalised.

Thoracic Returns

Nathan and Ram presented the 2025/2026 Thoracic Returns at our March meeting. This is the most complete Thoracic Returns ever- they have gathered data from 37 of the 38 centres, and are still holding out hope for a 'Full House'. With over 11000 procedures performed, this represents 21% growth from the previous year. Mortality for minimally invasive lobectomy is now around 0.5%.

The roll out of the Thoracic Database is likely to change how our Returns are submitted and reported in future years. The Subcommittee is keen to engage with patient groups to create patient derived Quality Metrics that can be part of the Unit Reports, along with more robust processes for analysing and managing outliers.

Other news

Rory Beattie has led the subcommittee's collaboration with British Orthopaedic Society, Regional Anaesthesia UK, Royal College of Emergency Medicine and others, for the **RIB-GUIDE Delphi Consensus on Management of Patients with Rib Fractures**. The draft is being finalised before ratification from the contributing societies.

Doug West is producing an **NCIP Thoracic Surgery: State of the Nation Report**. Syed Qadri has been collaborating with colleagues to create the soon to be published NHS England's **National Diagnostic Standards of Care and Optimal Pathways for Thoracic Oncology**. The subcommittee have also been engaging with the British Society of Gynaecology and Endometriosis UK to improve care for patients with **thoracic endometriosis**. Plans are to create GIRFT pathways for acute and elective presentations, outlining consensus opinions on investigations, management and organisation of services.

I. STANDING REPORT FROM THE CONGENITAL CARDIAC SUB-COMMITTEE

A Parry

Co-chair	Andrew Parry
Executive co-chair	Aman Coonar
Audit Lead	Serban Stoica
Deputy Audit Lead	Phil Botha/Branko Mimic
Education Lead	Shafi Mussa
Nursing & AHP Representative	TBC
Trainee Representative	Shubhra Sinha

Unit Members (unlike other subcommittees every unit has a representative)

Tim Jones/Natasha Khan (Birmingham)

Ramana Dhannapuneni (Liverpool)

Branko Mimic (London GOSH)

Giuseppe Pelella (Leeds)

Mark Danton/Ed Peng (Glasgow)

Conal Austin (Guy's & Evelina)

Mark Redmond (Dublin)

Shafi Mussa (Bristol)

Mohamed Nassar (Newcastle)

Nicola Viola (Southampton)

Surgical workforce

The surgical workforce in UK has been under considerable change over the last 10 years. A large number of consultant surgeons (52%) have left the profession in the UK for various reasons, and 39% of new appointees have been through UK training

There has therefore been a speciality-wide discussion why this has been occurring, and having gathered data and opinions from all units a 'document' has been written and endorsed by every unit that sets out what the surgeons believe a 'Good Unit Looks Like'.

This document is under consideration by the SCTS Executive currently, and it is hoped that it will be endorsed by the Society before being submitted to central NHS authorities. It is intended that the model can be used for local Trusts to support a working environment in which consultant surgeons are able to provide the quality of care that is expected.

FRCS CTh examination

Currently the final assessment of a surgeon's factual knowledge is an examination in Cardiothoracic surgery in its generality. For a candidate wishing to pursue a career in congenital cardiac surgery there is no formal examination in this specific sub-speciality which could lead to challenges. The subcommittee is working through the complex issues of validating an examination sat by a small number of candidates and will be providing a draft recommendation to the FRCS Examination board during the next year.

NICOR

Serban Stoica has taken over as SCTS audit lead. He has also taken on the role of lead for NICOR (congenital) nationally, the first time this role has been held by a surgeon. The

Society congratulates him on this achievement and recognises the help this offers in ensuring that surgical data are appropriately considered.

Data issues

Though we have been pursuing a similar data bank model as the adult surgeons we have not been able to move forward. Although discussions remain ongoing, it is felt that there is a lack of clarity what the new venture would add. Coupled with a cost implication and further requirements for data submission, the appetite amongst units is small.

J. STANDING REPORT FROM THE TRANSPLANTATION SUB-COMMITTEE

S Schueler/Sarah Murray/Aman Coonar

Introduction

The Society for Cardiothoracic Surgery in Great Britain and Ireland (www.SCTS.org) recognises the concerns highlighted in reporting regarding the current state of cardiothoracic transplant services across the UK.

As the professional body representing cardiothoracic surgeons, we share the disappointment that, despite the dedication and expertise of clinical teams, the organisation and delivery of transplant services are not achieving the standards seen internationally.

Patients deserve timely access to high-quality, life-saving care, and the current system is under significant strain.

While investment in transplantation has been acknowledged, there is a perception among clinicians that this is not translating into capacity where it matters most within surgical teams, critical care infrastructure, and perioperative pathways that enable transplantation to occur safely and efficiently.

We are also mindful that the consultant surgeon, other clinical along with patient voices have not been sufficiently heard in shaping service design and resource allocation. For a service as complex and high stakes as transplantation, meaningful engagement with experienced clinicians is essential to achieving sustainable improvement.

In response, SCTS has taken proactive steps to support progress. We have recently established a dedicated consultant-led working group, bringing together expertise from across heart, lung, and mechanical circulatory support services. This group is focused on defining a clear framework for the future of heart & lung transplant services in the UK and Ireland.

This work will:

- Make patient need central
- Deal with the structural and workforce requirements needed to safely expand transplant activity
- Develop models that better align funding with clinical delivery
- Support service configurations that improve access, resilience, and outcomes
- Ensure that innovation and modern perioperative pathways are embedded within future planning

Our ambition is to develop a system capable of delivering a significant and sustainable increase in transplant activity, while maintaining the highest standards of patient safety and clinical excellence.

We are committed to working collaboratively with healthcare administration, policymakers, and patient representatives to ensure that our heart & lung transplant services evolve to meet both current and future need.

This is a moment for constructive partnership and decisive action.

We need to move away from practices that have led us to a failing and fragile service.

With the right alignment of clinical leadership, infrastructure, and resources, we are confident that transplant services across the UK can achieve the standards that patients both expect and deserve.

Update

- **Re-established in 2025** under joint chairmanship of the President and Professor Stephen Schueler; Sarah Murray appointed as lay representative.
- **All UK and Irish transplant units invited** to nominate a consultant cardiothoracic surgeon, re-establishing a cohesive, surgeon-led SCTS forum.
- **Context:** UK and Ireland transplant and mechanical circulatory support activity remains low by international standards. Despite substantial and prolonged funding and multiple reviews, sustained major improvement has not been delivered.
- **NHS Engagement:** Committee leadership has attended NHS transplant improvement meetings. While constructive, current initiatives appear to address consequences (symptoms) rather than the root causes of underperformance. Further incremental approaches risk repeating previous failures.
- **Current Work:** Development of an **aspirational, consultant surgeon-led consensus definition of an ideal cardiothoracic transplant unit and service**, integrating mechanical circulatory support and unconstrained by current resource assumptions. The aim is to improve workforce sustainability, engagement, and patient outcomes.
- **Delphi Process:** Introduction & three rounds completed; the majority of statements have achieved consensus. The process remains iterative. The committee thanks Mandeep Gurgai, who has been assisting as a voluntary service improvement fellow.
- **Clinical transformation mandate:** This programme applies SCTS's clinical transformation principles to transplantation and mechanical circulatory support: clinician leadership, aspirational service design, and accountability for outcomes.
- **Next Steps:** Proposal to convene a focused mini-summit to further engagement and progress this work.
- **Proposed Renaming:** *Mechanical Circulatory Support & Cardiothoracic Transplant Committee (MCST)*.

Executive approvals requested

- **Endorse** the committee's work programme, including the Delphi consensus process.
- **Approve** the proposal to convene a national mini-summit (subject to submission of a detailed plan and budget to SLT).
- **Approve** the renaming of the committee to *Mechanical Circulatory Support & Cardiothoracic Transplant Committee (MCST)*.

K. STANDING REPORT FROM THE AUDIT SUB-COMMITTEE

U Trivedi

Dates of Meetings of Subcommittee:

16th March 2026

Other Meetings Attended:

8th Jan 2026 – NICOR PLG Meeting

19th Jan 2026 - NICOR NOM Meeting

4th Feb 2026 – NICOR Dataset Meeting

27th Feb – NICOR NOM Meeting

30th Apr – NICOR PLG Meeting

C. Matters for Consideration by the Executive Committee

1. Appointment of new deputy cardiac audit lead
2. Appropriation of additional cardiac surgeon to assist with the SCTS Dataset and dashboard

D. Matters for Information

Congenital Surgery

Damien Kelly – appointed as deputy congenital lead at NICOR with Serban Stoica as the NCHDA clinical lead at NICOR.

Phil Botha is now the SCTS congenital audit lead.

Adult Cardiac Surgery

Sunil Budhia has been appointed as the Deputy Adult Cardiac Surgery audit lead and started fully in April.

Suvitesh Luthra has been brought in to help with the SCTS Dashboard, in particular to chase up units to submit data and to pilot some research/audit projects from the current database as a proof of concept. Hopefully, there will be abstracts to submit for next year's annual meeting.

The deadline for data submission for NICOR was 31st May and the outlier analysis will commence shortly.

L. STANDING REPORT FROM THE ACADEMIC & RESEARCH SUB-COMMITTEE

M Loubani/B Naidu

Matters for Consideration by the Executive Committee

- SCTS research strategy day hosted by BHF September 22nd pm in London

Matters of Information for the Executive Committee

1. Previous issue of Shortfall in Thoracic surgery JLA PSP funding negated by underspend
2. Thoracic JLA completed and presented at SCTS 2026 and follow on brainstorming session in Bham well attended. Final report and publications to follow
3. 2 national Med student audits in process
4. Med student Research Hackathon closes July
5. Cardiothoracic Interdisciplinary Research Network lead role advertised only one application so readvertised
6. Potential conflict of interest lead AHP rep
7. NRM planned for November
8. Research session at SCTS presenting updates to JLA well received – recurrent sessions

M. STANDING REPORT FROM THE EXAMINATIONS BOARD

E Belcher

Board Membership 2026

Miss Elizabeth Belcher	Chair
Mr Neil Carwright	Leader, Panel of Question Writers [S1]
Miss Juliet King	Leader, Panel of Question Writers [S2]
Mr Rana Sayeed	JSCFE Lead
Mr Steven Rooney	RCSEd
Prof Farah Bhatti	RCSEng
Mr Vincent Young	RCSI
Mr Manoj Kuduvalli	RCPSGlas
Mr Andrew Parry	SCTS
Mr Mark Jones	SAC Chair
Mr Alexander Smith	SCTS Trainee Representative

Panel of Examiners

As the Board Chair, I would like to thank the JCIE Panel of Examiners for their commitment to delivering the Cardiothoracic Section 2 examinations despite their clinical responsibilities. Their dedication to the examination has enabled us to deliver a successive 32-candidate diets within our relatively small specialty. Their attendance directly assists in the Section 2 waiting list reduction we have seen over the last year. Examiner numbers and demographics are shown below:

Female Oct 2015	Female Current	Male Oct 2015	Male Current	Not Declared
1	8	42	43	14

Examiner Applications

The Panel of Examiners represent all four nations, but not all training regions and Trusts. We welcome applications to the Panel of Question Writers and to the Section 2 Panel of Examiners. Consultant surgeons and Specialty and Associate Specialist doctors may apply to the Panel of Question Writers from the date of their appointment. Consultants who have completed five years in a substantive post can apply to the Section 2 Panel of Examiners. Criteria for appointment and the process of application can be found in the links below:

<https://www.jcie.org.uk/content/content.aspx?ID=41>

<https://www.jcie.org.uk/content/content.aspx?ID=23>

Results for Intercollegiate Specialty Examination in Cardiothoracic Surgery

Summary of results from Section 2 held on 21/22 May 2025 in Blackpool

24 out of 29 candidates (83%) passed the examination

Type 1 (3a-2015 Regs) – 13 out of 13 passed (100%)

Type 2 (3b-2015 Regs) – 0 presented

Maltese trainees – 1 out of 1 passed (100%)

Not in Training (O-2015 Regs) – 10 out of 15 passed (67%)

Candidate Feedback response rate: 66%

SEM: 2.31% (desired value: SEM < 5%). Reliability: 0.84 (desired value: r > 0.7)

Summary of results from Section 2 held on 22/23 October 2025 in London (Ealing)

20 out of 32 candidates (63%) passed the examination

Type 1 (3a-2015 Regs) – 11 out of 12 passed (92%)

Type 2 (3b-2015 Regs) – 0 presented

Maltese trainees – 0 presented

Not in Training (O-2015 Regs) – 9 out of 20 passed (45%)

Candidate Feedback response rate: 66%

SEM: 2.61% (desired value: SEM < 5%). Reliability: 0.79 (desired value: r > 0.7)

Summary of results from Section 1 held on 2nd July 2025

15 out of 33 candidates (45%) were granted eligibility to proceed to Section 2

Type 1 trainees (3a-2015 Regs) – 11 out of 16 passed (69%)

Type 2 trainees (3b-2015 Regs) – Nil presented

Maltese trainees – 1 out of 1 passed (100%)

Not in training (O-2015 Regs) – 3 out of 16 passed (19%)

Candidate Feedback response rate: 27%

SEM: 2.84% (desired value: SEM < 3%). Reliability: 0.85 (desired value: r > 0.8)

Summary of results from Section 1 held on 14th January 2026

28 out of 43 candidates (65%) were granted eligibility to proceed to Section 2

Type 1 trainees (3a-2015 Regs) – 11 out of 14 passed (79%)

Type 2 trainees (3b-2015 Regs) – Nil presented

Maltese trainees – 1 out of 1 passed (100%)

Not in training (O-2015 Regs) – 16 out of 28 passed (57%)

Candidate Feedback response rate: 37%

Future examiners and application dates are available via the link below:

<https://www.jcie.org.uk/calendar/calendar.aspx>

Exam Resources

New Section 1 sample SBA questions are available on the JCIE website. These sample questions align with the feedback domains. The sample set increases the number of questions available from 5 to 50. Each question has the correct answer available, together with supporting details. Sample questions can be accessed via the link below:

<https://www.jcie.org.uk/content/content.aspx?ID=13>

JSCFE

The JSCFE examination will end with the final Section 2 examination in Edinburgh in November 2026. Candidates who do not complete Section 2 of the JSCFE examination may be eligible to receive a Certificate in Cardiothoracic Surgical Sciences in recognition of their achievement in Section 1.

N. STANDING REPORT FROM THE SAC

M Jones

A. Meetings Attended

MEETING	DATE	MINUTES
SAC Meeting	6 March 2026	Yes
National Trainees' Meeting	15 March 2026	No
SCTS Annual Meeting	15-17 March 2026	No
ISCP Management Committee	8 April 2026	As detailed by JSCT
JCST Quality Assurance Meeting	21 April 2026	As detailed by JSCT
SSG updates	8 May 2026	As detailed by JSCT
SAC Chairs' Meeting	19 May 2026	As detailed by JSCT

B. Matters for Consideration by the Executive Committee

- Updated Cardiothoracic Surgery Curriculum: August 2026
- Waiting list for examinations may impact duration of training
- Phase I training
- Recruitment and selection process for 2027
- Portfolio pathway applications increasing
- Workforce implications

C. Matters of Information for the Executive Committee

- GMC approval of update to Cardiothoracic Surgery curricula: 14 January 2026
- Adoption of curriculum update in August 2026
- Changes to Congenital Cardiac Surgery curriculum: considered administrative only
- SCTS Annual Meeting: curriculum updates
 - Trainee Meeting
 - Keynote regarding update to curriculum
- Information currently available on ISCP:
<https://www.iscp.ac.uk/iscp/curriculum/cardiothoracic-surgery-curriculum/1-introduction/>
- Waiting list for examinations may impact duration of training
- Recruitment and Selection: plan to offer 12 ST1 posts and 2 ST4 posts but number of offers expanded by deaneries contrary to SAC advice and published details
- Combined SCTS - SAC Workforce Report 2025: used to inform R&S and Curriculum update
- Implications of Medical Training (Prioritisation) Act 2026
- Portfolio Pathway applications increasing

- Review of Phase 1 training

O. STANDING REPORT FROM THE RCS COUNCIL

R Sayeed

A. Matters for Consideration by the Executive Committee

- The RCS Mentorship Programme now includes programmes for Women in Surgery, SAS doctors, and trainee/resident doctors (*open to RCS England members*).
- The consultation on *Reforming the GMC legislative framework* closes on 23 June.
- Reception Arrangements for MOD Patients (RAMP) planning is ongoing; SSAs have been invited to contribute through the FSSA.

B. Matters of Information for the Executive Committee

- Mr Tim Lane will start his three-year term as PRCS in July 2026; Miss Nuha Yassin and Professor Peter Sagar are the new Vice Presidents.
- Professor Farah Bhatti demits as an elected member in July 2026.
- RCS job planning guidance is under revision.

Meetings Attended

MEETING	DATE	MINUTES
RCS Council	12/2/26	Yes
RCS Annual General Meeting	12/2/26	Yes
RCS Council	12/3/26	Yes
RCS Council	16/4/26	Yes
RCS Council	14/5/26	Yes
SCTS Senior Leadership Team	27/5/26	Yes
RCS Annual Court of Examiners Day	2/6/26	No
RCS Invited Review Oversight Group	4/6/26	Yes
RCS Council	11/6/26	Yes

P. STANDING REPORT FROM THE EDUCATION SUB-COMMITTEE

D Harrington/M Shackcloth

Dates of Meetings of Subcommittee: 9/2/26, 15/6/26

Other Meetings Attended:

Meeting	Date	Minutes
SCTS education catch up	19/2/26	No
Meeting with Keele re course dates	20/2/26	No
Meeting with Admetec	4/3/26	No
Meeting with Medizin im Grunen	6/3/26	No
SCTS education catch-up	11/3/26	No
Revision and Viva course meeting	1/4/26	No
Critical condition course planning	23/4/26	No
Meeting with J&J	27/4/26	No
Critical conditions course debrief	7/5/26	No
SCTS Education Catch up	13/5/26	No
SCTS Meril Catch up re ST5.1	15/5/26	No
SCTS Education TAD Courses Catch up	22/5/26	No
SCTS Education Catch up	29/5/26	No

E. Matters for Consideration by the Executive Committee

1. SCTS Education's finances remain precarious. This has been partially mitigated by new industry partnerships, but previous significant industry partners have withdrawn funding from SCTS Education in favour of other SCTS endeavours eg Annual meeting and Priority Setting Partnership
2. The SCTS Education administrator is stretched with the current course portfolio, with no capacity for any increase in demand eg new MIS courses
3. We are currently undertaking a review of our Course portfolio to create a manageable and sustainable programme going forwards
4. We wish to expand the support by SCTS to Trust Appointed Doctors by creating a scheme whereby units can be accredited for Trust Appointed Doctor Training
5. We await a clear SCTS website strategy before progressing with development of the SCTS Website
6. J&J institute at Pinewood is closing at the end of October 2026 which will limit the courses we can hold free of charge there, possibly increasing expenditure. We are hopeful that their new facility near Maidenhead will be available in 2027.
7. Funding for the National Online Training Programme Pilot ends soon

F. Matters for Information

8. Education Committee Appointments

Thanks to all our subcommittee members, course directors, and faculty in all our education streams, who continue to provide excellent training opportunities in an increasingly challenging financial environment. Mo Hawari has completed his term as Thoracic Trust Appointed Doctor Lead and the post will be advertised shortly. We are extremely grateful to Mo for his dedication and commitment to SCTS Education over the past 3 years.

9. SCTS Fellowships and Collaborations

We have had excellent applications for the ACT-Michael Warburg SCTS Fellowships, agreed at £20,000 per annum. We had two particularly outstanding applications and have asked the ACT if we can possibly award a second Fellowship. The decision is expected at the end of June.

The HRUK Fellowships for 2026 will be announced soon. HRUK have confirmed a further £40,000 to be awarded in total. Further details to follow.

SCTS Post-CCT Fellowships provide high-quality, high-prestige, and quality-assured advanced training in Robotic Thoracic Surgery, Complex Aortic Surgery and Complex Mitral Surgery. The application template and Quality Assurance requirements will be available on the SCTS website for those centres who may wish to consider applications for SCTS/RCS Edin Post-CCT Fellowship accreditation. The Fellowships QA are monitored via the SAC with the approval of the SAC Chair. The 2 Aortic Fellows in Liverpool have recently both been appointed into Locum Consultant posts, (Amer Harky and Andrew Brazier). Two new Fellows have been appointed and are due to start in post soon (Mo Sherif and Mostafa El-Badry).

10. NTN Education

The ST3.2 NOTTS course ran successfully at the Bristol simulation centre in February. The ST6 revision and Viva course ran successfully as a hybrid online and in person event at Ashorne hill in April, followed by the ST5.2 Critical conditions course also at Ashorne Hill.

The ST3.1 course ran in May at Medizin im Grunen with excellent feedback as always. The ST5.1 course is due to run on 18th -19th June.

The ST4.2 Core Thoracic Course has been cancelled due to poor uptake. The course will be combined with the ST4.1 course at Ashorne Hill in November.

The ST7.1 course planned at Keele for July has been postponed until September due to a lack of uptake, withdrawal of a sponsor and other logistical issues.

We are grateful to all course directors and faculty who worked to deliver these courses, led by Mahmoud Loubani and Nathan Burnside

11. TAD Education

Anas Boulemden and Mohammad Hawari continue to lead the TAD Portfolio. In line with the SCTS strategy of increasing equality of opportunity, we aim to continue improving access to education for our Trust-Appointed Doctors. The TAD wetlab due to take place at the J&J institute at Pinewood has been cancelled due to poor uptake. We have therefore taken the decision to cancel this course but to open all SCTS courses (other than the CESR course) to both NTNs and TADs from the outset. TADs will need to provide evidence of their training level to obtain a place on a course.

We are planning to improve the level of support to TADs by creating SCTS approved centres of TAD training. We would expect TADs to undergo similar assessments and learning agreements to NTN.

12. National Online Cardiothoracic TPD

The National Online Cardiothoracic Surgery Education platform is ongoing, delivered by Mike Shackcloth as National Cardiothoracic Online TPD and Georgia Layton as National Online Training Fellow. This is open to NTNs, TADs and to NAHPs. This program has significantly reduced the financial burden on SCTS Education courses, reducing the face-to-face lecture requirements. There are now recordings of over 60 curriculum based webinars than trainees can access on the site.

13. Medical Student Education

We are grateful to Jason Ali and Shilajit Ghosh, our SCTS Student Education leads, as well as all the medical students who lead and run the SCTS Student program.

14. NAHP Education

The NAHP portfolio continues under the leadership of Kathryn Hewitt, currently on maternity leave. A further face to face NAHP course is planned for January 2027 at the Gettinge Facility in Derby.

15. Accreditation

Accreditation of appropriate courses continues by Shafi Musa.

16. AATS Thoracic Travelling Grants

A grant was obtained from J&J Meditech to send 4 thoracic surgeons to the AATS meeting in Chicago. The possibility of this grant became available at relative short notice and therefore this year was run as a feasibility project. If similar awards become available with more notice, then they will be opened out to the wider SCTS membership in the future.

17. Education Finances

We are extremely grateful to J&J Medtech for their ongoing support of SCTS Education. J&J Medtech continues to fund the ST3.1 course in full, with further contributions to the ST7.1 and ST2 Courses. They have also this year offered to fully fund the ST4.2 Core Thoracic Course, the TAD Wetlab and TAD Curriculum Review Courses, all at Pinewood. The ST4.2 and TAD wetlabs however have been cancelled due to poor uptake. J&J Medtech have also generously funded this year's ST7.2 Leadership & Professionalism course at Ashorne Hill at the end of November, via their Sponsorship budget.

We are also extremely delighted with our new partnership with Meril who continue to fund the ST5.1 course at Medizin im Grunen in its entirety.

SCTS Brand Partnerships are also held with Acumed, Edwards, Pulmonx, Atricure and Terumo Aortic.

Restriction of grants to individual SCTS NTN Courses continues to carry a high risk of funding deficits. SCTS Education mitigates this risk by revising course budgets 'just in time' before course delivery. The change from free courses in exchange for SCTS membership to £100 per day costs to delegates has significantly changed our financial

position over the last year. The imposition of this has possibly met with an adverse response from delegates which is being monitored. We continue to negotiate unrestricted grants with other industry partners.

Several industry partners have withdrawn from or declined to support SCTS Education including Medtronic (Thoracic and Cardiac), Artivion and Zimmer Biomet.

We are grateful to the SCTS Education administrator, Mara Banuta, for her dedication and hard work, without whom none of the above would be possible.

Q. STANDING REPORT FROM THE TRAINEE REPRESENTATIVES
M Sherif/A Ansaripour

No Report Submitted

R. STANDING REPORT FROM THE TRUST APPOINTED DOCTORS

G Qsous

TAD Representation and Engagement Trust Appointed Doctors represent a large and important group within SCTS and contribute significantly to service delivery, education, research, audit, rota stability and emergency cover across cardiothoracic units. I have been honoured to serve as the first elected TAD Trustee, and I see this role as an important step towards improving representation, visibility and support for TADs within the Society.

One of my first aims was to improve communication with TADs and better understand their needs. We established a dedicated TAD WhatsApp group, which now includes more than 80 TADs from across the UK and Ireland. This has allowed us to share opportunities, educational events, guidance, SCTS updates and peer support more effectively.

I also circulated a questionnaire to identify the main challenges facing TADs. The responses highlighted themes including CESR and portfolio progression, operative exposure, access to training, mentorship, academic opportunities, workplace culture and equitable representation.

Collaboration and SCTS Support

Throughout the year, I worked closely with Mr Hawari and Mr Boulmeden, the SCTS educational leads for TADs. Their significant contributions and continued support have been invaluable in helping develop educational initiatives and support the wider TAD community.

I am also grateful for the wider support from SCTS, particularly in recognising the educational needs of TADs and supporting efforts to challenge bullying, undermining and harassment.

Key Achievements

- Recognition of TADs and Supportive Departments

One of the major achievements this year has been the development of dedicated SCTS awards to recognise both individual TADs and departments that actively support their progression. These awards were introduced to celebrate excellence among TADs and to acknowledge departments that provide meaningful clinical, academic and cultural support.

The awards include recognition for the **Best TAD of the Year**, nominated by colleagues based on clinical, academic and professional contribution, and the **Best Department Supporting TADs**, nominated by TADs and judged according to evidence of clinical opportunities, academic support, mentorship, workplace culture and career progression.

This initiative is important because success for TADs should not be measured only by obtaining CESR or a consultant post. Success may also include becoming a safe and independent surgeon, contributing to service delivery, producing academic work, supporting colleagues, maintaining work–life balance and progressing despite personal or professional barriers. TADs deserve visibility, fairness and structured support.

- **Education, Webinars and Portfolio Development**

Another important focus over the last year has been improving access to educational and non-educational opportunities for TADs. We organised webinars and online discussions to address different aspects of TAD development, including CESR preparation, portfolio development and fellowship pathways in thoracic surgery.

We also arranged sessions addressing wider professional and personal needs, including retirement options and financial management. These sessions recognised that TAD development is not limited to clinical progression, but also includes long-term career planning, wellbeing, financial awareness and confidence within the system.

Together, these activities have helped support TADs progressing through CESR and portfolio pathways, while also strengthening communication and engagement across the TAD community.

- **Research, Audit and Academic Contribution**

A further achievement this year has been the organisation of multicentre audits involving TADs and colleagues across different cardiothoracic units. These projects provided opportunities for TADs to participate in collaborative research and audit, contribute to data collection and analysis, and present work at national and international conferences.

This is particularly important because academic and audit involvement remains a key part of career progression, CESR preparation and portfolio development. Multicentre work also helps build networks between TADs across the UK and Ireland and demonstrates the valuable academic contribution that TADs can make to the specialty.

Advocacy and Workplace Culture Improving visibility and advocacy for TADs has remained central to the role. Through the WhatsApp group, questionnaire, webinars and audit projects, we have started to build a more connected TAD community within SCTs.

TADs continue to face challenges around training opportunities, career structure, recognition and workplace culture. It remains important that TADs are supported to work and progress in a fair, respectful and safe environment, with continued efforts to challenge bullying, harassment and undermining.

Future Projects

Looking ahead, the key priorities for the coming year will be to consolidate and expand the work started during 2025–26.

One major future project is to develop a structured TAD mentorship programme. This has not yet been formally established but remains an important goal. The proposed programme would aim to support TADs at different stages of their careers, including those early in their UK or Ireland journey, those preparing for examinations, and those progressing through CESR or portfolio pathways.

Another key future priority is to involve TADs more actively in different SCTS subcommittees. TADs have wide experience across service delivery, education, audit, research and workforce planning, and their voice should be included in the wider work of the Society.

A further important aim is to continue reviewing the constitutional position of TADs within SCTS. In particular, I hope to explore amendment of Article 11.4 of the SCTS constitution so that TADs can be considered for full membership status, equally to NTN colleagues. TADs make a major contribution to cardiothoracic surgery and should have fair representation, recognition and voting rights within the Society.

We will also continue to advocate for full equity of opportunity, including access to education, operative training, academic work, mentorship, leadership roles and professional recognition. This includes continuing to challenge bullying, harassment and undermining, and supporting a culture where TADs are treated fairly and respectfully.

The overall aim for the next year is to ensure that TADs are not only recognised for their service contribution, but are also supported as developing surgeons, educators, researchers and future leaders within cardiothoracic surgery.

S. STANDING REPORT FROM THE WOMEN IN CARDIOTHORACIC SURGERY COMMITTEE

R Baranowski

Introduction

The 2025–2026 year has been one of growth, collaboration, advocacy, and visibility for Women in Cardiothoracic Surgery (WiCTS). The committee has continued its mission to support, mentor, and promote women across all stages of cardiothoracic surgery while also addressing wider workforce culture and inclusion challenges within the specialty.

This period saw increased engagement across the SCTS membership, successful networking and educational events, development of collaborative relationships with allied professional organisations, and meaningful work focused on workplace culture, wellbeing, and professional representation.

Annual Meeting and Educational Activities

WiCTS held a successful annual meeting during the SCTS Annual Meeting 2025 in Edinburgh and Belfast 2026. The meetings were well attended and generated enthusiastic discussion regarding mentorship, workforce challenges, career progression, leadership opportunities, and improving representation within cardiothoracic surgery.

The SCTS Annual meeting Edinburgh 2025 was a great success with a plenary session on Leadership with prominent female cardiothoracic leaders. A WiCTS Networking event has been scheduled after the Plenary to foster mentorship, advocacy, community-building while addressing challenges unique to female surgeons. High attendance by female SCTS members with the participation of prominent female leaders Prof Novoa (ESTS President), Prof Yolonda Colson, Prof Opitz. ESTS would like to collaborate with SCTS in the future.

The events provided an important networking platform for trainees and consultants and reinforced the importance of visible female leadership within the specialty. Feedback from attendees was extremely positive, with many highlighting the supportive atmosphere and value of open discussion regarding career experiences and challenges.

Collaboration with Allied Organisations

MWF (Medical Women’s Federation) national Conference May 2025

WiCTS Co-Chair Ralitsa Baranowski represented SCTS Women in Cardiothoracic Surgery as part of a panel on “Women doctors’s careers – What are we doing? What needs to be done?”

A significant development this year was the strengthening of collaboration between WiCTS and the Women in Cardiothoracic Anaesthesia group within ACTACC.

Joint discussions focused on shared experiences within the cardiothoracic multidisciplinary workforce, opportunities for future educational events, and strategies to improve culture, inclusion, and wellbeing across the specialty. Plans for a future joint meeting and collaborative initiatives are underway.

WiCTS also continued to engage with wider national surgical organisations and leadership groups to ensure that issues relating to representation, mentorship, and workplace culture remain visible at a national level.

Workforce Culture, Survey Work, and Advocacy

One of the major areas of work during 2025–2026 was the development and dissemination of a workforce culture survey exploring experiences within cardiothoracic surgery and the wider multidisciplinary team.

The survey **Levelling the Playing Field in Cardiothoracic Surgery-**

Perceptions of Women and Workplace Culture included contributions from surgeons, trainees, anaesthetists, nurses, perfusionists, and allied healthcare professionals.

Themes explored included:

Workplace culture

Inclusion and belonging

Mentorship

Professional barriers

Bullying and harassment

Microaggressions

Leadership visibility

Psychological safety within teams

Preliminary survey findings were presented during the BORS Meeting and generated significant discussion and engagement.

The committee also began work on a broader report examining workplace culture and professional conduct within cardiothoracic surgery. This work aims to contribute constructively to ongoing national conversations regarding workforce wellbeing, professional standards, and the future sustainability of the specialty.

Mentorship and Representation

Mentorship remained a central focus throughout the year. WiCTS continued to advocate for:

- Increased visibility of female role models
- Improved mentorship opportunities
- Support for trainees and early-career surgeons
- Leadership development pathways

The committee recognises the importance of allyship and multidisciplinary collaboration in creating lasting cultural change and remains committed to building an inclusive and supportive professional environment for all members of the cardiothoracic community.

Communications and Visibility

Throughout the year, WiCTS maintained an active presence through:

Educational and networking activities

Contributions to SCTS communications and e-bulletins

Conference participation

Promotion of mentorship and wellbeing initiatives

Advocacy for diversity and inclusion within surgery

The committee also highlighted achievements of women within cardiothoracic surgery and promoted conversations around leadership, resilience, innovation, and career progression.

Looking Ahead: 2026–2027

Priorities for the coming year include:

- Expanding mentorship initiatives
- Strengthening multidisciplinary collaborations
- Developing educational and networking opportunities at the SCTS Annual Meeting 2027
- Continuing workforce culture and inclusion work
- Supporting trainee engagement and leadership development
- Enhancing visibility of women within cardiothoracic surgery nationally and internationally
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WiCTS remains committed to fostering a collaborative, inclusive, and forward-looking cardiothoracic community that supports excellence, innovation, and professional wellbeing.

Acknowledgements

The committee would like to thank the Society for Cardiothoracic Surgery in Great Britain & Ireland Executive, committee members, trainees, allied healthcare colleagues, and all members who have contributed to WiCTS activities throughout the year. Their support, enthusiasm, and engagement continue to drive positive change across the specialty.

Committee Transition

Following completion of the current term, Ralitsa Baranowski will be stepping down as Co-Chair of WiCTS. The position of WiCTS Chair will be advertised through the Society for Cardiothoracic Surgery in Great Britain & Ireland, and the committee looks forward to supporting the next phase of growth and development under new leadership.

T. STANDING REPORT FROM THE PATIENT SAFETY & QUALITY
IMPROVEMENT WORKING GROUP

A Parry

No report submitted

U. STANDING REPORT FROM THE SUSTAINABILITY WORKING GROUP
COMMITTEE

S Rathinam

No report submitted

V. STANDING REPORT FROM THE PROFESSIONAL STANDARDS
COMMITTEE

S Murray

No report submitted

W. STANDING REPORT FROM THE PERFUSION REPRESENTATIVES

B Evans/G Lucchese

No Report Submitted