



Society for Cardiothoracic Surgery
in Great Britain and Ireland

SCTS EXECUTIVE REPORT 2023-24

Compiled by Sridhar Rathinam

Communication Secretary
Society for Cardiothoracic Surgery in Great Britain & Ireland
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Society for Cardiothoracic Surgery in Great Britain and Ireland

Foreword

The SCTS Executive strives to fulfil its objectives for its members, patients, and the public. The number of sub-committees and working groups has grown in the last decade to address the diverse needs of the membership and the wider specialty.

This executive report summarises all the events, new developments, and major achievements of the Society's sub-committees over the past 18 months, against the background of a gradual and incomplete recovery from the impact of the COVID-19 pandemic on clinical service delivery and training.

We thank all the sub-committee co-chairs for contributing to a summary report that we have collated for the membership and for presentation in the public domain.

The sub-committees' achievements would be impossible without the diligence and commitment of their members contributing their time and energy for the Society.

The sub-committees have worked hard to improve the four clinical sub-specialties through education, audit, research and innovation. The SCTS works closely with the Specialty Advisory Committee and the Joint Committee on Intercollegiate Examinations (JCIE), as evidenced by the chairs' reports. The Meeting team and SCTS Education deliver the most visible and widely acknowledged achievements of the SCTS and have had another excellent year.

Further challenges and the need for improvement has led to the establishment of the WiCTS, Equality, Diversity & Inclusion, and Innovation sub-committees and the Patient Safety & Quality Improvement and Sustainability working groups with their own successes.

We would like to thank Emma Piotrowski for her hard work and support in compiling the completed report.

Once again, a big thank you to all the contributors to this report.

Sridhar Rathinam, Communication secretary

Rana Sayeed, Honorary Secretary

Aman Coonar, President Elect

Narain Moorjani, President

President & Honorary Secretary's report

Narain Moorjani, President
Rana Sayeed, Honorary Secretary



Over the past 18 months, the SCTS Executive has led and contributed to a significant number of projects and initiatives to improve cardiothoracic patient outcomes and enhance the working lives of cardiothoracic practitioners caring for those patients. These include:

SCTS Annual Meeting

Almost 1150 delegates and exhibitors attended the 2024 conference at the ICC Wales in Newport. The meeting provided great opportunities for surgeons, trainees, and nurses and allied health professionals to learn from the excellent scientific sessions and through professional networking. The presidential plenary session included notable presentations on tackling sexual misconduct in surgery and improving efficiency in a healthcare system with limited resources and concluded with a Lifetime Achievement Award to Professor John Pepper. The other plenary sessions focussed on SCTS Research initiatives and innovation in cardiothoracic surgery, the latter offering an insight into future surgical practice involving the use of artificial intelligence and novel ways of delivering education through extended reality.

Elective recovery in cardiothoracic surgery.

The SCTS has worked with NHS England to develop strategies to reduce surgical waiting lists on the background of on-going industrial action, staffing recruitment and retention issues, and the post-COVID backlog. The proposed strategies include:

- a) Improving capacity through ring-fenced ITU beds, waiting list initiatives, extended operating lists, elective surgical hubs, the use of independent sector facilities, and derogation from industrial action.
- b) Increasing efficiency through the more widespread adoption of best practice including improved peri-operative care (ERAS and CPOC guidelines), day-of-surgery admission, virtual wards (remote monitoring), pooled waiting lists, enhanced theatre utilisation, reduced non-elective workload, and improved patient flow.

The SCTS understands that not all proposals are applicable to every centre because of regional variation in the challenges faced and local infrastructure and resources.

Addressing cardiothoracic surgery supply chain issues

The SCTS has helped to address the supply chain issues faced by our members, particularly in relation to disposables for cardiopulmonary bypass and valve prostheses. Whilst some of these issues are the consequence of Brexit and geopolitical turbulence limiting access to raw materials, compliance and regulatory delays add additional challenges to bringing alternative products to market. We have been collaborating with industry partners to mitigate these problems and working hard with NHSE and the Society of Clinical Perfusion Scientists to help alleviate these supply chain issues.

Challenging the NHS England Interim Statement on SAVR vs. TAVI

Following publication of the NHS England position statement on the use of trans-catheter aortic valve implantation (TAVI) for intermediate- and low-surgical risk patients as an interim measure to alleviate the pressures on local systems, the SCTS met with the National Clinical Director for Heart Disease and members of the Cardiac Services Clinical Reference Group (CRG). At the meeting, it became clear that the position statement was initially drafted at the height of the COVID-19 pandemic and only released almost 18 months later after a prolonged internal approval process. It was agreed that a quorate, robust aortic valve multi-disciplinary meeting was essential for all patients at clinical equipoise between TAVI and surgical aortic valve replacement (SAVR), and that clinical decisions made in a patient's best interest in line with national guidelines should not be altered solely because of waiting times, given that in many hospitals waiting times for TAVI are longer than for SAVR.

SCTS Research

The Executive has provided strong support to SCTS Research to encourage all cardiothoracic surgical practitioners (consultants, trainees, TADs, and NAHPs) to participate in research after the recent Priority Setting Partnerships. British and Irish cardiothoracic surgery is uniquely placed to deliver large multi-centre trials by the collaboration of all units across the Isles with the principle of 'a patient for every trial and a trial for every patient'.

Pectus Surgery

Following the SCTS Best Practice in Pectus Event at the Royal College of Surgeons of England and intense lobbying from the SCTS, NHS England has agreed to re-commission surgery for patients with very severe pectus excavatum at three national centres in London (St Bartholomew's), Middlesbrough, and Liverpool (paediatrics at Alder Hey). Although the availability of pectus care in England still lags behind the services offered in Scotland, Wales, and Northern Ireland, these developments give hope to the many English patients suffering with pectus conditions. An expert working group has developed national clinical pathways and published joint society best practice guidelines to promote the holistic care of these patients and successfully secured NIHR funding for a prospective randomised clinical trial to assess the efficacy of surgery for those with severe pectus excavatum. In addition, the SCTS has facilitated the establishment of a pectus support group charity and published patient support resources on its website.

Joint SCTS/ACTACC Scientific Meeting

The SCTS co-hosted a successful joint meeting with the Association for Cardiothoracic Anaesthesia and Critical Care (ACTACC) in November 2023 at the Royal Society of Medicine. Over 200 delegates attended across parallel cardiac surgery and thoracic surgery streams and gave excellent feedback. SCTS and ACTACC have agreed to co-host an event every two years with planning already underway for the next meeting in November 2025.

SCTS Education Post-CCT Fellowships

The Society are proud to announce the launch of its first Post-CCT Fellowships to deliver expert training in specialist areas of cardiothoracic surgery not covered in the curriculum: complex mitral valve surgery; thoracic aortovascular surgery; and robotic thoracic surgery. We hope this will be the start of many similar Fellowships to enable trainees to develop a specialist interest for their consultant careers. SCTS Education continues to deliver an unrivalled portfolio of educational resources with training courses and travelling fellowships offered to all cardiothoracic surgical practitioners. Most recently, the team has developed a bespoke programme of training courses for thoracic-themed ST4 NTN, tailored to this group's specific needs, and expanded the range of courses for Trust-appointed Doctors to address differential attainment and improve access to educational resources.

Collaboration with the SAC

The SCTS has collaborated with the Cardiothoracic SAC and the National Cardiothoracic Training Committee on several projects, including publication of a regional training programme prospectus, increasing operative exposure for surgical trainees, development of

a curriculum-aligned national webinar series, creating a positive working environment for surgical trainees, and workforce planning.

Tackling sexual misconduct in surgery

Following the publication of the *British Journal of Surgery* article and the Royal College of Surgeons (RCS) Working Party on Sexual Misconduct in Surgery report, the SCTS has collaborated with the Federation of Surgical Speciality Associations (FSSA) and the RCS to develop a national strategy to tackle sexual misconduct in surgery, including:

- a) Changing the workplace culture by developing a code of conduct and educating all NHS employees through mandatory training.
- b) Lobbying the GMC to develop a national system for the reporting and investigation of sexual misconduct to improve confidence in raising concerns and ensure investigations are fit for purpose.
- c) Developing resources on the SCTS website with signposting of support for all affected, including bystanders.

Whilst these reports focused on the experiences of female surgeons, it is important that all members of the multidisciplinary surgical workforce including nurses and allied health professionals are protected. The SCTS has also developed a code of conduct for SCTS-hosted events, such as the Annual Meeting and its educational courses.

Promoting mental health and well-being

The SCTS is striving to enhance the working lives of the practitioners who deliver care to our patients by reinforcing the importance of a supportive working environment and increasing opportunities for all to succeed in cardiothoracic surgery. In response to the increasing pressures of working in the NHS, the SCTS has developed a mental health and well-being toolkit on the SCTS website to support its practitioners. The SCTS have also written to the CEO of NHS England and the Secretary of State for Health expressing its support for the continued funding of NHS Practitioner Health.

Sustainability in Cardiothoracic Surgery

The SCTS has created a Sustainability in Cardiothoracic Surgery Working Group aiming to develop and disseminate best practice guidance on environmentally sustainable cardiothoracic surgical care, ensuring that this is compatible with optimal patient outcomes and patient flows. The working group will support research to identify opportunities to

improve sustainability in the specialty through innovative and novel technology and collect data to demonstrate the current environmental impact of cardiothoracic surgery and the effect of any changes. Much of this work will be undertaken in collaboration with industry, NHS Trusts, and other key stakeholders, including the surgical Royal Colleges, the UK Health Alliance on Climate Change, and the Centre for Sustainable Healthcare.

Patient Safety & Quality Improvement Learning Library

The Society has developed a Patient Safety & Quality Improvement Learning Library, to which practitioners can submit learning derived from local patient safety incidents and share quality improvement projects. These learning points and examples of best practice will be disseminated to SCTS members with the aim of preventing similar incidents occurring elsewhere in the country and improving patient outcomes.

SCTS Outreach and Widening Participation Programme

As part of its equality, diversity, and inclusion strategy, the SCTS has expanded its Widening Participation and Outreach Programme to reduce the barriers that potential entrants may face when considering a career in cardiothoracic surgery. As well as its recently launched Medical Student Mentorship Programme, the Society has set up a portfolio of enhanced work experience placements, webinars, bursaries and travel scholarships, and online resources to encourage those who had never considered cardiothoracic surgery to look again at the specialty as a possible career. It is important to attract the most motivated and enthusiastic students, irrespective of background, to ensure a vibrant future for UK cardiothoracic surgery.

Revision of the SCTS Constitution

Following approval at the Annual General Meeting, the Society has adopted its new constitution, enabling us to elect Trustees from the wider membership; the Communication Secretary will also become an Appointed Trustee. It was a great pleasure to welcome Tara Bartley as the first SCTS Nurse and Allied Health Professional (NAHP) Trustee, Ghaith Qsous as the first Trust-appointed Doctor (TAD) Trustee, and Rushmi Purmessur as the first Nationally Appointed Trainee (NTN) Trustee at the SCTS Executive Meeting in June 2024.

Acknowledgements

A huge thank you to the SCTS Executive, sub-committee members, BORS representatives, educational course directors and faculty, and especially the membership for their amazing

help to deliver the projects and initiatives that the SCTS has established. It is only through everyone's great support that we can improve patients' outcomes. The Society's particular thanks go to Cha Rajakaruna, Betsy Evans, Andrew Parry, and Bhuvana Krishnamoorthy for their outstanding service to the SCTS, as Meeting Secretary, Elected Trustees, and NAHP Lead, as they stepped down at the end of their terms of office in 2024. We are also eternally thankful to the SCTS administration staff who work tirelessly behind the scenes to make the SCTS run so efficiently.

Plans for the year ahead

- *Thoracic Surgery Priority Setting Partnership.* Following the success of the SCTS Research-led Priority Setting Partnerships (PSPs) in Adult Cardiac Surgery and Congenital Cardiac Surgery, the SCTS has secured funding for a Thoracic Surgery PSP in collaboration with the James Lind Alliance. The PSP will define priorities for thoracic surgical research for the next 5-10 years and enable funding bodies to support the crucial projects that will improve the clinical care of patients with thoracic disease. Congratulations to Babu Naidu, Karen Redmond and the team for obtaining funding for the PSP, which will be launched at the Annual Meeting in Edinburgh.
- *Thoracic Surgery Database.* The SCTS Thoracic and Audit subcommittees are developing a thoracic surgery dataset as the first step in establishing a national database to provide meaningful outcome measures in thoracic surgery to augment the current information available from the thoracic surgery unit returns.
- *SCTS–SAC Workforce Report.* Since the publication of the last SCTS–SAC Workforce Report in 2019, there have been significant changes in the cardiothoracic surgery workforce, post-COVID and post-Brexit. The SCTS and SAC have set up a joint working group to start data collection for the next edition of their workforce report and develop an infrastructure to support the ongoing collection of workforce data in the future.
- *Collaboration with Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS).* Following recent discussions with the ANZSCTS, it has been agreed to collaborate through several joint ventures, including:
 - a) developing a repository of international travelling fellowship opportunities for Australian and New Zealand trainees to visit the UK, and vice versa for UK trainees to visit Australia and New Zealand.
 - b) collaboration between the ANZSCTS and SCTS research committees to increase recruitment in multi-centre prospective randomised trials from units in Australia, NZ and UK.
 - c) collaboration between the two organisations in developing nationally driven audit projects in cardiothoracic surgery to identify areas of best practice, following which the quality improvements initiatives can be disseminated to other units.

- d) development of joint education webinars delivered by experts in the field from Australia, New Zealand and the UK.
- *Code of Conduct.* The SCTS has incorporated the RCS England & RCS Edinburgh Code of Conduct documents into its recommendations that has been sent to all members at membership renewal in January 2025. The SCTS has also incorporated its Code of Conduct for all delegates at its Annual Meeting.
 - *Surgical Leadership in Management course.* The SCTS have been collaborating with RCS England to run a surgical leadership in management course specifically aimed at Cardiothoracic Surgery Clinical Directors and Clinical Leads, planned for May / June 2025.
 - *SCTS Annual Meeting 2025.* Following the success of last year's meeting in Newport, we look forward to welcoming you all to this year's event in Edinburgh.

Honorary Treasurer's report

Mark Jones



I had the honour of becoming Honorary Treasurer of the Society for Cardiothoracic Surgery in Great Britain and Ireland in March 2023.

A significant part of the Honorary Treasurer's role within the Executive is to support the Annual Meeting and the other educational activities of the Society as detailed in the following reports. The advice from the Professional Standards sub-committee has been invaluable in developing our support of courses and events run by other organisations whose educational goals are aligned to those of the Society. The Adult Cardiac and Thoracic Surgery sub-committee reports highlight how we were able to support a joint meeting with the Association for Cardiothoracic Anaesthesia and Critical Care at the Royal Society of Medicine. We have strengthened our association with the Royal College of Surgeons of Edinburgh in developing the diploma for surgical care practitioners as described in the Nursing and Allied Healthcare Professionals sub-committee report.

The annual membership subscription and the meeting registration fees provide a proportion of our required income. We have benefitted from generous donations in the past and continue to explore opportunities for those who may wish to support on-going education. Educational fellowships are detailed in the SCTS Education and SCTS Research reports as are other achievements including the appointment of Surgical Specialty Leads in conjunction with the Royal College of Surgeons. As an organisation, we value our strong links with our partners in the healthcare industry. Many of these partners support the Annual Meeting through exhibitor fees as well as offering separate educational grants and fellowships.

We are supporting development of a congenital cardiac surgery database as indicated in the Audit sub-committee report. There are costs related to the administration, management, and governance of the SCTS. The change to the constitution has been approved by our members and we appreciate the legal advice given on these matters. With an annual turnover of more than £1,000,000 we are indebted to our accountants for their support and advice in preparing and auditing our accounts which are submitted annually to the Charity Commission. In all these activities, the excellent support of our administrative team has been invaluable, and I welcome this opportunity to thank them for their hard work.

Meeting Secretary's report

Cha Rajakaruna



Sub-committee Members

Meeting Secretary	Cha Rajakaruna
Executive Co-Chair	Sri Rathinam
Deputy Meeting Secretary	Sunil Bhudia
Associate Meeting Secretary	Carol Tan
Nursing & AHP Lead	Nisha Bhudia
Nursing & AHP Deputy Lead	Rosalie Magboo
Conference Organiser	Emma Piotrowski
Exhibition Organiser	Tilly Mitchell

Annual Meeting and SCTS University 2024

The meetings team are delighted by the feedback from the Annual Meeting held at the ICC Wales over 17th-19th March 2024. The ICC Wales had been chosen as the venue for the 2020 Annual Meeting, but this was cancelled because of the COVID-19 pandemic. The meetings team negotiated with the ICC Wales to keep the deposit without loss for this event.



The event was a great success with a fantastic venue at the ICC Wales. The relative isolation of the venue from the main city meant the members were more engaged with the conference rather than distracted by social events away from the meeting venue.

The meeting had excellent attendance with 1142 delegates and exhibitors overall. The exhibitors included one Platinum, seven Gold, eight Silver and forty Bronze sponsors contributing to the meeting's running costs.

The scientific programme had a stellar international and national faculty offering expertise across the breadth of the specialty.

The three plenary session - presidential, SCTS Research, and innovation – focused on various pertinent themes and were very well received.

The social events were all held in the ICC Wales. The gala dinner offered a classical soprano performance from Emilie Parry-Williams followed by dinner and dancing. There was a silhouette artist drawing pictures of guests and cutting them out to craft a card as a memoire of the evening. The catering was very good, both during the conference and at the gala dinner.

The IT support for this meeting was with the ICC Wales venue; the meeting software and smartphone app worked very well with very positive feedback.

Future meetings

After a stringent scoping exercise, this year’s meeting will be held at the Edinburgh International Conference Centre in March and the 2026 meeting at the ICC Belfast.

Changing leadership

Sunil Bhudia succeeded Cha Rajakaruna as Meeting Secretary for the 2025 meeting. The Executive appointed Gianluca Lucchese as the Associate Deputy Meeting Secretary.

Single-day registration

Following on members’ feedback, single-day registration has been re-introduced this year.



Communication Secretary's report

Sridhar Rathinam



Sub-committee Members

Communication Secretary	Sri Rathinam
Executive Co-Chair	Rana Sayeed
SCTS Website Lead	Clinton Lloyd
SCTS <i>Bulletin</i> Editor (immediate past)	Indu Deglurkar
SCTS <i>Bulletin</i> Editor (current)	Dionisios Stavroulias
Nursing & AHP Representative	Jeni Palima
Consultant Living Textbook Co-Lead	Bilal Kirmani
Consultant Living Textbook Co-Lead	Jeremy Smelt
Perfusionist Rep	Lee Clark
Education Website Development Lead	Christopher Horton
Trainee Member	Hanad Ahmed
Trainee Member	Raisa Bushra
Trainee Member	Maria Comanici
Trainee Member	Francesca Gatta
Trainee Member	Georgia Layton
Trust-appointed Doctor Member	Rohith Govindraj

The newest sub-committee of the SCTS has made significant strides in the last year.

Bulletin

Indu Deglurkar has delivered a great vision and superb editions of the *Bulletin* over the last six years. We appointed Dionisios Stavroulias, Consultant Thoracic Surgeon in Oxford, as the new *Bulletin* Editor. Dio shadowed Indu as she completed her final assignments as the Editor-in-Chief of the *Bulletin*.

The *Bulletin* publishing contract will be extended for a further two years with Open Box Media with the SCTS paying for its services and raising advertisement revenue. Eligible members are encouraged to choose to receive a link to the electronic version rather than a printed copy to reduce the Society's print and distribution cost and the *Bulletin's* environmental impact.

From the Chest

This electronic monograph showcasing surgical unit heritage, surgeons' lives, and various other aspects of the specialty has been well received. We encourage members to submit articles and images for publication in the four issues planned for this year.

Website

The website is evolving as ever with new features including a patient and professional portal for pectus care with details of the referral and treatment pathways across the UK and Ireland. We are in the process of updating our patient information leaflets for common cardiac and thoracic conditions and the Society's sub-committee organisation and membership. We have added resources to help address bully, harassment and undermining (BHU) and sexual misconduct in surgery in collaboration with the WiCTS sub-committee. The development of a members' wellbeing section is in progress with links to free external resources.

Board of Representatives report

A big thank you to all the contributors to the BORS Report which showcased good practice and updated unit staffing. We are grateful to the units that shared their practice on sustainability in cardiothoracic surgery.

Unit Engagement

We will restart unit engagement meetings in 2025 to learn directly the challenges that units face and understand better how the SCTS can help and support them.

SCTS Education: a 10-year journey

This volume celebrating the achievements of SCTS Education over its first 10 years will be edited by past Presidents. The contributors have their assignments, and publication is planned for later this year.

Ionescu Living Text Book

The complication and evaluation of content for this online textbook is in progress.

Social media

The more media savvy members of the sub-committee will act as SCTS Ambassadors to increase our web and social media presence.

Collaboration with other organisations:

To promote our collaboration with ACTACC, videos of the SCTS-ACTAAC study day in November 2023 at the Royal Society for Medicine have been uploaded to the website

We supported the Indian Association of Cardiothoracic Surgeons' 70th Annual Meeting in February 2024.

SCTS Abstracts and Perspectives

The 2022 and subsequent Annual Meeting abstracts have been published in special *Journal of Cardiothoracic Surgery* supplements*. Selected sessions from the SCTS University may be collated into a *Perspectives in Cardiothoracic Surgery* monograph in the same journal.

* <https://cardiothoracicsurgery.biomedcentral.com/articles/supplements>

Professional Standards sub-committee report

Sarah Murray



Sub-committee Members

Co-chair	Sarah Murray
Executive Co-Chair	Indu Deglurkar
Executive Member	Attilio Lotto
Nursing & AHP Representative	Amanda Walthew

The Professional Standards sub-committee supports the Executive in delivering its role in accordance with the bylaws of the Charities Commission and ensures professional standards are maintained for our members and the wider public.

The Professional Standards sub-committee is comprised of two Elected Trustees, an appointed NAHP member, usually the sub-committee co-chair, and the Lay Representative as Chair.

The Committee oversees the working of the SCTS Executive and the conduct of its sub-committees and sits outside of the main committee structure. It meets four times a year. However, it has been significantly busier over the last year due to the amount of work undertaken and still ongoing.

During the past year, the Chair has advised the President and the Executive on many and various matters and has revamped the interview panels for new sub-committee co-chairs.

The programme of work for 2024-25, which is on-going and is a large piece of work, is to review all the sub-committee terms of reference to make them uniform and coherent; to ensure greater transparency around appointments within the SCTS with proper protocols in place; and to confirm there are adequate minutes of every meeting for the record.

SCTS Education report

Debbie Harrington & Elizabeth Belcher



Sub-committee Members

Co-Chair	Debbie Harrington
Co-Chair	Elizabeth Belcher
Executive Co-Chair	Aman Coonar
Cardiac Surgical Tutor	Mahmoud Loubani
Thoracic Surgical Tutor	Michael Shackcloth
Congenital Lead	Shafi Mussa
Transplantation Lead	Espeed Khoshbin
Nursing & AHP Representative	Kathryn Hewitt
National Trainee Representatives	Bassem Gadallah Walid Mohamed
Trust Appointed Doctors Lead (Cardiac)	Anas Boulemden
Trust Appointed Doctors Lead (Thoracic)	Mohammad Hawari
Medical Student Lead (Cardiac)	Jason Ali
Medical Student Lead (Thoracic)	Shilajit Ghosh
Website Development Lead	Christopher Horton
Trainee Representative	Michelle Lee
Accreditation Lead	Shafi Mussa
Communication Lead	Vivek Srivastava
Education Administrator	Mara Banuta

SCTS Education appointments

Bhuvana Krishnamoorthy demitted her role as NAHP Education Lead following the completion of her term. We were delighted to welcome Kathryn Hewitt as NAHP Education Lead. Karen Booth stood down as INSINC Co-lead, and Jason Ali was appointed to this role for cardiac and Shilajit Ghosh for thoracic. Farah Bhatti completed her term as INSINC Co-lead. We are incredibly grateful to Karen and Farah for their immense contribution to medical student education over the past few years. Zahid Mahmood completed his term as Cardiac TAD Education Lead, and we were delighted to welcome Anas Boulemden to the sub-committee. Shahzad Raja and Prakash Punjabi also demitted office as Consultant Leads. Chris Horton, Thoracic Fellow in Oxford, has been appointed SCTS Education Website Development Lead, and Michelle Lee, Thoracic-themed National Trainee in London, has been appointed SCTS

Education Trainee Representative. We remain grateful to our sub-committee members, course directors, and faculty across all our education streams for their ongoing contributions to our speciality.

SCTS Fellowships and Collaborations

The HRUK SCTS Travelling Fellowships 2024, totalling £40,000, were awarded to Nader Mowad, Luke Rogers, Gareth Hooks, Charlene Tennyson and Azar Hussain. Further Fellowships will be advertised in 2025.

The second of three ACT-Michael Warburg SCTS Aortic Fellowships of £20,000 was awarded to Robert Fleck, who is currently undertaking a Fellowship at Northwestern Memorial Hospital, Chicago. A third Fellowship will be advertised in 2025.

The NAHP Professional Fellowships of £2,500 were awarded to Ramanjit Kaur and Charlotte Bartlett, both visiting the Mayo Clinic.

The RCS Edinburgh-SCTS Post-CCT Fellowships in Cardiothoracic Surgery have been launched. These Post-CCT Fellowships will provide high-quality, high-prestige, and quality-assured advanced training in robotic thoracic surgery, complex thoracic aortovascular surgery, and complex mitral surgery, not currently available within the cardiothoracic curriculum. These Fellowships will develop independent practice at a level beyond that required for Certification of Completion of Training in Cardiothoracic Surgery. Five Fellowships at four centres have been accredited by the RCS Edinburgh. The template for applications and the quality assurance requirements will be available on the SCTS website for those centres who may wish to consider applications for Post-CCT Fellowship accreditation. Quality assurance will be provided by the SAC with the approval of the SAC Chair.

Five Post-CCT fellowships will be offered at four centres: Liverpool Heart and Chest Hospital, Barts Thorax Centre, London, Barts Aortic Centre, London, and Bristol Heart Institute.

NTN Education

The ST5.1 and ST7.1 courses previously run at Hamburg were delivered at Keele as human cadaveric courses. The ST3.1 course was run as a live operating course at an alternative venue, Medizin im Grünen on the outskirts of Berlin, in May. We are immensely grateful to J&J MedTech for continuing to support all these courses.

The ST6 Revisions & Viva course, ST2.2, ST4.2 Core Thoracic Course, ST4.1 Core Cardiac Surgery Course, the ST1 Introduction to Cardiothoracic Surgery course and the ST7.2 Leadership and Development Course were all delivered at Ashorne Hill in 2024.

The Critical Skills Course, which was delivered at Ashorne Hill in May 2023, was run again in May 2024 and named the ST5.2 course. The ST2.1 Essentials course was run in Nottingham and the ST3.2 NOTTS course in Bristol.

At the request of Katharine Smith, UK Lead for National Core Surgery Education, SCTS Education delivered the Core Curriculum Cardiothoracic Series in September 2023 and February 2024. This series aims to improve the quality of core teaching and create national alignment with around 900 CT1 and CT2 trainees enrolled in this online lecture series.

TAD Education

Anas Boulemden was appointed as Cardiac TAD Education lead. The renamed Portfolio Route Course (formally CESR course) in TAD Education was delivered at Ashorne Hill in November 2024 and was again well received by the significant number of delegates who attended. The TAD Wetlab course was also well received, and a second TAD Curriculum Review Course sponsored by J&J MedTech was delivered at their Pinewood facility. The course received excellent feedback, and we hope it will contribute towards the mitigation of differential outcomes at the FRCS(C-Th) examination.

National Online Cardiothoracic TPD

Mike Shackcloth has been appointed as Cardiothoracic National Online Training Programme Director and will continue in his role as National Thoracic Tutor.

Medical Student Education

The INSINC Student Engagement Day was held in Cambridge in November 2024, focusing on widening participation. It received excellent feedback. An INSINC observership scheme has been run at Edinburgh, Cambridge, and Barts as part of the SCTS Widening Participation and Outreach Programme. The SCTS Medical Student Mentorship Programme has been launched to link trainees and medical students.

NAHP Education

The NAHP courses in 2024 were delivered as webinars for NAHPs and junior doctors. There are plans to deliver a face-to-face course in 2025 at the Getinge facility in Derby. NAHPs will also have access to the National Online Training programme resources going forward.

Sub-specialty Education

Transmedics sponsored the SCTS Harefield Transplant Course. The Heart Failure and Transplantation Scholarship Programme at Harefield is aligned with the GMC curriculum for surgeons and the British Society for Heart Failure (BSH) for cardiologists.

The ST4.1 course in November 2024 was a day of congenital teaching to delegates following the acquired cardiac component, many of whom had little or no congenital cardiac surgery experience. We are grateful to LeMaitre for their sponsorship of the congenital course in 2024 and look forward to a continuing partnership.

SCTS Podcasts and Webinars

SCTS podcasts are available via the SCTS website.

SCTS Collaborative Projects

The first SCTS Trainee Robotic Course was delivered at the Intuitive Surgical Headquarters, Oxford, in February 2024.

Education finances

We are grateful to J&J MedTech (Ethicon) for its ongoing support of SCTS Education: four NTN courses, including the ST3.1, ST5.1, and ST7.1 courses, the ST4.2 Thoracic Course, NAHP courses and the new TAD Curriculum Review Course.

SCTS Brand Partnerships are held with Acumed, Ambu, Aquilant, Atricure, Artivion, Cook Medical, Conmed, Edwards, Getinge, Intuitive, J&J MedTech, LeMaitre, Medela, Pulmonx, Storz, and Transmedics.

Restriction of grants to individual SCTS NTN Courses continues to carry a high risk of an SCTS Education funding deficit. SCTS Education mitigates this risk by revising course budgets 'just in time' before course delivery and considering the amalgamation of courses. We continue to negotiate restricted and unrestricted grants with industry partners. We have decided to no longer fund overnight accommodation for delegates for our UK courses to allow courses to proceed at reduced cost.

Lastly, we would like to reiterate our gratitude to our fantastic SCTS Education administration team, Mara Banuta, aided by Taet Chesterton.

Nursing and Allied Healthcare Professionals Sub-committee report

Amanda Walthew

Sub-committee Members (2023-24)	
Co-chair	Amanda Walthew
Executive Co-chair	Sri Rathinam
Meeting Lead	Nisha Bhudia
Associate Meeting Lead	Rosalie Magboo
Cardiac Lead	Ana Alves
Thoracic Lead	TBC
Congenital Lead	TBC
Audit Lead	Hemangi Chavan
Regional Tutor	Libby Nolan
Regional Tutor	Michael Martin
Regional Tutor	Namita Thomas
Regional Tutor	Yi Wang
Transplantation Lead	Emma Matthews
Innovation Lead	Una Ahearn
Patient Liaison/Physiotherapist Lead	Zoe Barrett-Brown
Membership Lead	TBC
Communication Lead	Jeni Palima
Pharmacy Lead/NAHP Meeting Lead	Nisha Bhudia
ODP Lead	TBC
Critical Care Lead	Matt Petty
Perfusion Lead	Lisa Carson
Research Lead	Zainab Khanbhai
Surgical Care Practitioner Lead	ACTSCP President (Nisha Nair)
Physiotherapist Lead	Zoe Barrett-Brown
Physician Associate Lead	Ramanjit Kaur

We would like to thank all our NAHP members and surgical colleagues for their tremendous support for our NAHP sub-committees.

SCTS NAHP toolkit

Our NAHP toolkit chapter was written for advanced practitioners in cardiothoracic surgery. This toolkit provides valuable insight for all cardiothoracic departments across Great Britain and Ireland. It can be accessed via our SCTS website <https://scts.org/sctstoolkit.aspx>.

Educational courses for NAHPs

We have developed an NAHP surgical skills in cardiothoracic surgery course aligned with the SCP curriculum to maximise their learning. In addition, we have run many webinars and half-day courses. There were more than 1202 attendees, and the outcomes have been published in the *Journal of Surgical Simulation: Educating Cardiothoracic Health care practitioners during the COVID-19 pandemic: Results from online survey on a series of webinars.*[†]

NAHP team of the year awards

NAHPs are considered as one of the most valuable assets in the cardiothoracic surgery. However, there was no recognition or celebration of their work. We have created our prestigious new NAHP team of the year award scheme to recognise the role and impact of our NAHP members. These awards have highlighted an extraordinary range of new initiatives in clinical practice, teaching, research, and leadership.

Development of ambassador roles

We strongly believe that experienced NAHP members provide a strong foundation for the NAHP community. We created ambassador roles to enable mentorship for the next generation, educational faculty support, and as advisors to the NAHP sub-committee.

Inspirational Star of the Year

Many of our NAHP members contribute an extraordinary amount of work but never gain recognition for their achievements to provide inspiration to future NAHPs. From our team of seven professional leads, three inspirational star case studies have been published in SCTS social media sites, the *Bulletin*, the Weekly Update, and in the quarterly *From the Chest*.

Postdoctoral researchers NIHR colloquium

For post-doctoral qualifications, nurses are often unsupported in securing research funding and developing clinical academic careers. We highlighted these issues to Professor Ruth Endacott, NIHR Director of Nursing, and Mr Sridhar Rathinam. The NIHR Nursing and Midwifery Incubator agreed to fund £10,000 a year for the next 5 years from 2022.

[†] <https://doi.org/10.1102/2051-7726.2022.0008> and <https://doi.org/10.15761/BHC1000149>

Development of the Golden Scalpel and Swann-Morton Globe awards

In 2018, by collaboration between the SCTS, RCS Edinburgh and ACTSCP, Bhuvana and team established a clinical Diploma in Cardiothoracic Surgical Care Practice exam. The first- and second-highest scoring candidates are awarded the Golden Scalpel and Swann-Morton Globe.

Adult Cardiac Surgery Sub-committee report

Manoj Kuduvalli



Sub-committee Members	
Co-chair	Manoj Kuduvalli
Executive co-chair	Narain Moorjani
Deputy Chair	Hari Doshi
Appointed Member	Georgios Krasopoulos
Appointed Member	Giovanni Mariscalco
Audit Leads	Uday Trivedi Dimitrios Pousios
Cardiac Education Secretary	Debbie Harrington
Nursing & AHP Representatives	Lisa Carson Kathryn Hewitt
Trainee Representative	TBC
Co-opted: NICOR Audit Lead	Andrew Goodwin
Co-opted: UK Aortic Surgery	Manoj Kuduvalli
Co-opted: NHSE Commissioning	Peter Bradley

Cardiac Surgery Activity after the COVID-19 pandemic

The COVID-19 pandemic restricted access to cardiac surgery for more than a year, and the long-term results are still being felt today. Cardiac surgery waiting times remain significantly longer than pre-pandemic times, and most units have not yet reached pre-pandemic. Several units have experienced theatre nurse and OPD staffing shortages, which have contributed towards the inability to regain desired activity levels. The sub-committee has engaged with NHSE working around the principles of managing risk for patients waiting longer than usual for definitive treatment, exploring models of remote monitoring, and encouraging mutual aid and regional working where possible. These meetings were organized by the National Clinical Director for Heart Disease and Chair, Cardiac Services CRG, NHSE. A guidance document has been produced as the output of these meetings and been distributed by NHSE.

Through similar engagement, the sub-committee contributed towards the revision of the cardiac surgery clinical prioritisation guidelines for patients awaiting surgery.

Collaborative Scientific Meetings

The sub-committee has engaged with the British Heart Valve Society (BHVS) and the Association for Cardiothoracic Anaesthesia and Critical Care (ACTACC) to develop cardiac programmes for joint meetings.

The BHVS Annual Meeting in October 2023 in London was well attended by cardiologists and surgeons from across the country. There were contributions from the SCTS, BISMICS, and BCIS with excellent discussion points on multidisciplinary care for valvular heart disease. It was felt by many that similar multidisciplinary meetings would be invaluable in improving patient care.

The SCTS-ACTACC joint study day was also very well attended with excellent sessions on diverse topics. The sub-committee organised the cardiac surgery stream for this meeting.

Management of Aortic Valve Disease

NHS England published a position statement in February 2023 promoting the use of transcatheter aortic valve implantation (TAVI) for intermediate- and low-surgical risk patients as an interim measure to alleviate waiting list and service pressures. In response, the SCTS met the NHSE Cardiac Services CRG, and agreed that:

A robust, quorate, aortic valve multi-disciplinary meeting (MDM), with all appropriate specialists present, should be employed for patients at clinical equipoise between TAVI and surgical aortic valve replacement (SAVR) following the Joint Societies MDM guidance.

Clinical decisions made in a patient's best interest in line with national guidelines should not be altered solely based on waiting times, given that in many hospitals waiting times for TAVI are longer than for SAVR.

The NHSE interim position statement should not be used to redirect patients inappropriately towards TAVI who would otherwise have undergone SAVR.

The SCTS membership received a letter co-signed by the sub-committee summarising these points. The sub-committee sent a survey to all BORS adult cardiac representatives asking for their local SAVR and TAVI activity and waiting times. The survey found large regional differences between the numbers and waiting times for these procedures.

Ongoing projects and plans for 2025

Mr Giovanni Mariscalco and Mr Reuben Jeganathan are drafting a position statement on SAVR and TAVI in low- and intermediate-surgical risk cases. This will help inform NHSE for future strategies and statement and serve as a guide for local MDMs.

Repair rates for degenerative mitral valves are variable in the UK. The UK Mini Mitral trial reported 96% repair rates for degenerative disease in expert hands. Increasing repair rates for this pathology is of vital importance. Professor Hunaid Vohra is preparing a best practice document on mitral valve repair on behalf of the sub-committee.

The sub-committee is also developing guidance on the provision of post-cardiotomy ECMO at non-transplant cardiac surgical units. Post-cardiotomy ECMO often poses difficult challenges, particularly for units that are not commissioned for ECMO because of the significant resource implications and opportunity costs. Mr George Krasopoulos and Mr Hari Doshi have agreed to take this forward on behalf of the sub-committee.

The sub-committee is engaging with its members to help draft a job plan template, based on RCS guidance, but specific to cardiac surgery, to ensure the nuances in our specialty are recognised. This will inform units in job planning for existing and future appointments.

The Adult Cardiac Surgery sub-committee will continue to engage with other professional societies to co-host or contribute to the programmes of scientific meetings.

Thoracic Surgery Sub-committee report

Professor Karen Redmond



Sub-committee Members

Co-chair	Karen Redmond
Executive co-chair	Rana Sayeed
Deputy Chair	Rory Beattie
Thoracic Audit Lead	Kandadai Rammohan
Deputy Audit Lead	Nathan Burnside
Pectus	Joel Dunning/Simon Kendall
Eire and Mixed Practice Representative	David Healy
Robotics	Leanne Ashrafian
N Ireland and Mixed Practice Representative	Mark Jones
CEG Thoracic Cancer Representative and Appointed Member	Syed Qadri
Wales Representative	Malgorzata Kornaszewska
ESTS Representative	Nizar Asadi
Scotland Representative	Mathew Thomas
Website	Hanad Ahmed
GIRFT Lead	Doug West
Communication Secretary and LVR Representative	Sri Rathinam
Thoracic Education Secretary	Elizabeth Belcher
Thoracic Tutor	Michael Shackcloth
Nursing & AHP Representative	Zoe Barrett-Brown/Hemangi Chavan
Trainee Representative	Jeesoo Choi
Trainee Representative	Joe McLoughlin
Co-opted: British Thoracic Society Rep	Emma O'Dowd
Co-opted: Commissioning Lead	TBC
Co-opted: Thoracic Trauma Lead	TBC
Co-opted: ACTACC Representative	Guillermo Martinez
Co-opted: NHSE Representative	Aman Coonar

Thoracic Surgery sub-committee (TSS)

There are monthly meetings with the agenda and approved minutes published on the Thoracic Surgery sub-committee page of the SCTS website. There has been a transition to a new co-chair, Karen Redmond, with 23 members representing country, mixed group practice, AHPs, trainees, education, audit, meeting organisers, specialist input (pectus, robotics, cancer, airway, LVR), and national committees including charitable organisations. Successful outcomes have been supported by the addition of an NHSE representative, Aman Coonar, our previous Co-chair and SCTS President-Elect. Rory Beattie has been appointed Deputy Co-chair to support the expansion of the sub-committee's activities.

SCTS and ACTACC held a joint meeting at the Royal Society of Medicine in November 2023 attended by approximately 300 delegates and faculty and 15 companies as sponsors. There were two streams, cardiac and thoracic, with ample joint networking and team-building time. Delegates came from all branches of the wider cardiothoracic surgery team. The fundamental themes of this meeting were 1) to foster the culture of team-working between surgery and anaesthesia and, and 2) to encourage face to face meetings after the pandemic. The meeting was very well received with excellent feedback. Many thanks to the organiser, Mark Steven, and welcome to our incoming ACTACC representative, Guillermo Martinez. The two organisations have agreed to run this meeting biennially at the RSM with the next event scheduled for November 2025 with support from the RSM and Thoracic Forum. The Society endorsed and is waiting an update regarding the bid from Alan Kirk and Vipin Zamvar to host the ESTS meeting in Edinburgh. David Healy, the sub-committee ROI representative and a previous host for the ESTS in Dublin has shared some insights on the application progress.

Syed Quadri is the CEG representative on the TSS. The BTOG Thymoma guidelines have been endorsed. The sub-committee provided feedback to Aman Coonar on the issued Lung Cancer Commissioning Guidance document. We have expressed a need to work with a NICE initiative led by David Baldwin regarding new guidance for Treatments for NSCLC – Pathways (ID6234). The sub-committee recognises the importance of updating evidence in this area as there are several new treatment strategies becoming available following the results of clinical trials with national variation in their uptake including neoadjuvant chemoIO and robotic segmentectomy. The sub-committee plans to increase its representation on several groups including UKLCC, Taskforce for Lung Health and the RESOLVE PPI Group. The TSS issued a press release for World Lung Cancer Day thanking the Prime Minister for promoting lung cancer screening with increasing TLHC sites in England and Wales. Northern Ireland, ROI, and Scotland have no screening programme. Aman Coonar is leading on a workforce planning document to clarify the estimated required expansion of consultant posts with this in mind.

Thank you to Doug West for delivering on the SCTS-approved GIRFT pathways for pneumothorax and airway conditions that have been circulated to members and are online[‡].

GIRFT are happy to support our proposal for a third joint SCTS-GIRFT acute care pathway for pleural sepsis surgery. The next step is to identify a working group including four or so interested surgeons from the sub-committee. The project involves using clinical expertise and consensus to define a best practice pathway working to a GIRFT template. The final document will need to be aligned to the latest BTS pleural disease guidance. Michael Shackcloth is the sub-committee representative reviewing a tracheostomy bleeding pathway.

Doug West as former NCIP representative is feeding back SCTS concerns regarding NCIP's outlier analysis proposal. The SCTS judge that individual surgeon outcome outlier analysis based on non-risk adjusted, unvalidated HES data is inappropriate and detrimental to patient care. These discussions are ongoing.

Thoracic Surgery workforce planning

There is a gap in the number of trainees wishing to pursue thoracic surgery compared to the projected demand for consultant posts. The projected shortfall is thought to be underestimated but is around 26 to 51 posts over the next 5-10 years. The sub-committee is attending stakeholder meetings lead by Aman Coonar to review current concerns regarding succession planning and coordinate a plan of action.

Pectus working group

The working group to support pectus care has been exceptionally productive thanks to experts in the field; Simon Kendall, a past SCTS President, has been instrumental in supporting the group. The SCTS Website 'Pectus and Me' is up and running and the patient-led pectus support group has established the charity 'Pectus Matters' to support patients with pectus conditions. Aman Coonar has worked with stakeholders including the sub-committee and BAPS to finesse a Pectus Care Service Standard Document. There are now three commissioned pectus surgery centres across England: Bart's (led by Shyam Kolvekar) which hosts the National Pectus MDT; Middlesbrough/South Tees (Joel Dunning); and Alder Hey for children (Ram Dhannapuneni). Regional Units can offer non-surgical care including bracing and vacuum-bell therapy, with Ian Hunt and Carl Davis formatting a consensus document for members. A CPET Expert Consensus Group with Chris Satur and Joel Dunning has helped inform experts establishing outcome measures for the RESTORE NIHR-funded Trial – recruitment started in July 2024 for the first phase involving up to 12 sites. Joel Dunning also

[‡] https://scts.org/news/621/acute_care_pathways_for_pneumothorax_and_acute_airways_surgery/

led on the Joint Societies Best Practice Guidelines for the Treatment of Patients with Pectus Abnormalities that has been published.

Projects 2025

There are several projects being put in place for the next 12 months. We plan to update the sub-committee terms of reference and revise the model job plan for thoracic surgery to incorporate evolving sub-specialty skillsets (rather than the more generic RCS guidelines).

We have established two more working groups:

1. With the support of Babu Naidu as chair, the sub-committee established a working group to develop a Thoracic Surgery Priority Setting Partnership in collaboration with the James Lind Alliance, a non-profit initiative that brings patients, carers and clinicians together to prioritise research. Having achieved its funding, the PSP will be launched at the SCTS Annual Meeting in Edinburgh.
2. The sub-committee has created a data working group to support Kandadai Rammohan, Thoracic Surgery Audit Lead, and his Deputy, Nathan Burnside. The working group will agree on a practical, meaningful, and robust dataset acceptable to all UK and Irish thoracic surgical units, based on relevant service- and patient-based objectives (quality outcomes, research, benchmarking, commissioning etc). The Thoracic Audit has already been compiled from paper or e-mailed returns from each unit and difficulties encountered in achieving this noted. The aspiration is for an SCTS-mandated central database with an agreed dataset to which all units contribute validated data and with dedicated administrative support. Funding has been secured with logistics being ironed out.

Congenital Cardiac Surgery Sub-committee report

Andrew Parry



Sub-committee Members

Co-chair	Andrew Parry
Executive Co-chair	Aman Coonar
Unit Members	Tim Jones/Natasha Khan (Birmingham)
	Ramana Dhannapuneni (Liverpool)
	Barnabe Rocha (London Brompton)
	Giuseppe Pelella (Leeds)
	Mark Danton/Ed Peng (Glasgow)
	Conal Austin (London Guy's & Evelina)
	Branko Mimic (Leicester)
	Fabrizio De Rita (Newcastle)
Audit Lead	Serban Stoica
Deputy Audit Leads	Phil Botha/Branko Mimic
Education Lead	Shafi Mussa
Nursing & AHP Representative	TBC
Trainee Representative	Shubhra Sinha

Winter planning/waiting lists

Every unit is down on expected surgical activity, and many have not reached pre-COVID levels yet. There are significant waiting lists in all centres, exacerbated by repeated inability to utilise all allocated daily operating lists because of staffing, PICU, and other constraints.

Hospital	Waiting list	Cases/week
Birmingham	60	9-10 (14)
Newcastle	25	4-6 (9)
Bristol	69	5-6 (9)
Glasgow	80	5-6 (7)
Leeds	80	4-6 (10)
Liverpool	79	8-10 (16)

The sub-committee wrote to NHSE highlighting the challenges and risks of inadequate of PICU capacity.

Intercollegiate FRCS(C-Th) examination

The new format examination offers subspecialty vivas in cardiac and thoracic surgery. There are ongoing discussions and negotiations with the JCIE Chair through the Cardiothoracic Exam Board Chair to create a subspecialty viva for paediatric cardiac surgery.

Education

The paediatric cardiac surgical wet labs are well received but there are concerns over sustainability given the £9,000 costs for a small number of delegates. There are discussions on frequency and target audience with efforts being made to seek industry support.

Homografts and other prosthesis issues

Medtronic announced the withdrawal of the Hancock valved conduit from the market, because of the high cost of recertification demanded by the EU. There has been strong feeling expressed that we were losing an extremely valuable prosthesis and that some children will be directly disadvantaged.

The sub-committee has written to Medtronic asking the company to reconsider its decision.

NICOR

There are ongoing discussions about a separate SCTS Congenital Cardiac Surgery database.

Surgical workforce

The overall number of cases is decreasing.

Many surgeons have left the profession in this country for various reasons and few new appointees have been through UK training. In response:

- The Society has had discussions within CRG to reconsider the workforce and potentially revise the service standards.
- There is work in progress to simplify referrals between units and balance out waiting times throughout the country.

Transplantation Sub-committee report

Rajamiyer Venkateswaran



Sub-committee Members (2024)

Co-chair	Rajamiyer Venkateswaran
Executive Co-chair	Aman Coonar
Appointed Member (Audit Lead)	Marius Berman
Appointed Member (Website Lead)	Aisling Kinsella
Appointed Member (Audit Lead)	TBC
Education Lead	Espeed Khoshbin
Trainee Representative	Bassem Gadallah
Trainee Representative	Walid Mohamed
NAHP Representative	Emma Matthews/Zoe Barrett-Brown

- Heart transplantation activity in the UK reached 212 transplants in 2023, the highest total for a decade. Current financial year activity has already crossed last year's numbers, and over 220 heart transplants in 2024. Donation after circulatory death (DCD) organs contributed to 25% of transplant activity. The Joint Innovation Fund supported by all four health services of the UK enabled initial funding for the DCD heart programme. Although recurring funding has not been confirmed, NHSBT has supported funding until March-2025. A letter has been written to the Health Secretary signed by all stakeholders including the SCTS raising the importance of keeping the DCD programme and its impact on heart transplant activity in the UK.
- Lung transplantation activity in the UK improved over 2023-24 with 126 transplants compared to 100 transplants over the previous financial year, although activity still lags behind pre-pandemic activity. NHSBT along with CTAG held a Lung Summit raising the importance of lung transplantation and agreeing recommendations to be implemented by all transplant centres.
- The 2023 Organ Utilisation Group (OUG) recommendations included a review of all cardiothoracic transplant centres in England. The OUG recommendations have now moved to their implementation phase.

- The Department of Health and Social Care along with NHS England has planned a review of all five cardiothoracic transplant centres in England. As part of this review, three independent expert advisors from Europe reviewed all transplantation outcome data.
- UK transplantation faces the challenge of retaining senior surgeons planning to move to other countries. NHS England and NHSBT are aware of this issue, and this will be part of their review.
- The Peri-CCT Transplant Fellowship posts in Manchester and Papworth remain vacant; the need to recruit fresh trainees into these posts is under discussion by the SAC and the SCTS.

Audit Sub-committee report

Uday Trivedi



Sub-Committee Members	
Co-chair	Uday Trivedi
Executive Co-chair	Narain Moorjani
Cardiac Lead	Uday Trivedi
Deputy Cardiac Lead	Dimitrios Pousios
Thoracic Lead	Kandadai Rammohan
Deputy Thoracic Lead	Nathan Burnside
Congenital Lead	Serban Stoica
Deputy Congenital Cardiac Surgery Leads	Phil Botha/Branko Mimic
Regional Deputy Adult Cardiac Surgery Lead (Wales)	Indu Deglurkar
Regional Deputy Adult Cardiac Surgery Lead (Scotland)	Zahid Mahmood
Regional Deputy Adult Cardiac Surgery Lead (N Ireland)	Alastair Graham
Nursing & AHP Representative	Hemangi Chavan
Nursing & AHP Representative	Nisha Bhudia
Nursing & AHP Representative	Zainab Khanbhai
Nursing & AHP Representative	Rosalie Magboo

Adult Cardiac Surgery

Quality Assurance Programme

The QAP is now firmly embedded into units and quarterly returns are becoming more timely. From April next year, the SCTS will send out letters to units who fail to complete the quarterly form. Draft versions of these letters have been approved by the Adult Cardiac sub-committee.

SCTS/Bristol/Dendrite Collaboration

This collaborative process has now matured, and a data sharing agreement has been produced which has been distributed to all units. To date, 21 units have returned a signed DSA. The next step is to produce a dashboard from the available data for participating units.

There has been some resistance to this programme from NICOR, but further discussions have now resolved outstanding issues. These discussions have also clarified the position that the Society holds around not publishing individual surgical outcomes; this has now been confirmed by NICOR and has been minuted in the last PLG meeting.

NHS England sent a letter out to all units to which the SCTS has responded, reassuring units about our adherence to information governance rules and highlighting the advantages to the specialty from SCTS 'ownership' and control of national data.

In the coming months, the aim is to expand on the radar plot data to include other measures such as day of surgery admission and endoscopic vein harvesting.

Congenital Cardiac Surgery

The congenital blue book is making progress. There have been some delays because of the collaborative nature of chapter-writing requiring input from surgeons and physicians.

Congenital database

Similar to the issues faced by adult cardiac surgeons, the congenital surgeons have also found it difficult to access their data within NICOR. The congenital surgeons and other stakeholders have agreed to start collecting their own data, and plan to join the adult cardiac surgeons by collaborating with Bristol/SCTS acting as the data controllers. Through a tendering process, Dendrite has been chosen to develop the dataset.

Thoracic Surgery

The withdrawal of funding for the LCCOP remains an issue. Data continues to be collected on a quarterly basis and will be presented at the SCTS meeting.

There is a need for a national dataset and collection of national activity data. It would also need to provide longer term outcome data for lung cancer procedures. The Thoracic Surgery sub-committee has established a working group to develop these proposals.

SCTS Research report

Professor Mahmoud Loubani



Sub-Committee Members

Co-chair	Mahmoud Loubani
Co-chair	Babu Naidu
Executive co-chair	Sunil Bhudia
Adult Cardiac Surgery Representative	Gianluca Lucchese
Thoracic Lead	TBC
Congenital Lead	Attilio Lotto
Nursing & AHP Representative	Rosalie Magboo
Nursing & AHP Representative	Zainab Khanbhai
Nursing & AHP Representative	Hemangi Chavan
Nursing & AHP Representative	Nisha Bhudia
Trainee Research Lead	TBC
Student Research Lead	Niraj Kumar
	Gokul Raj Krishna
Co-opted: National Cardiac Surgery Trials Programme Steering Committee Representative	Rana Sayeed
Co-opted: Cardiothoracic SSL	Babu Naidu
Co-opted: Associate Surgical Specialty Lead	Luke Rogers
Co-opted: Associate Surgical Specialty Lead	Ricky Vaja
Co-opted: Associate Surgical Specialty Lead	Akshay Patel
Co-opted: Associate Surgical Specialty Lead	Ann Cheng
Co-opted: Associate Surgical Specialty Lead	Brianda Ripoll
Co-opted: Associate Surgical Specialty Lead	Jacie Law
Co-opted: Associate Surgical Specialty Lead	Moslem Abdelghafar
Co-opted: Associate Surgical Specialty Lead	Hind Elhassan

Achievements

Strong collaboration and participation with the BHF Clinical Trial Collaborative have led to several successful surgical research projects obtaining funding. However, surgical research remains underrepresented in overall funding allocations.

Babu Naidu has been appointed to replace Gavin Murphy as the RCS-SCTS Cardiothoracic Surgical Specialty Lead.

Two further Thoracic aSSLs have been appointed in early 2024.

A major restructuring of the Cardiothoracic Interdisciplinary Research Collaborative has been agreed, and positions were advertised last year.

The sub-committee supported the Cardiac Trials Research Initiative led by Gavin Murphy and the Congenital Cardiac Surgery Research Priority Setting led by Nigel Drury. The sub-committee is contributing to the Thoracic Surgery Research Priority Setting Partnership under the leadership of Babu Naidu.

The RESTORE trial has been funded by NIHR HTA for £1.9 million (Akowuah/Dunning) to evaluate the clinical and cost effectiveness of pectus surgery for severe pectus excavatum.

The annual National Cardiothoracic Research Meeting continues every November.

There has been active engagement with NAHP research activities.

After a successful Research Plenary Session at SCTS Annual Meeting in March 2024, there are plans for a session at this year's meeting focussing on inclusivity and diversity in research.

Plans for 2025

- Complete the restructuring of the CIRN.
- Refresh a number of key representatives on the sub-committee.
- Deliver the 8th National Cardiothoracic Research Meeting in November 2025.

Innovation Sub-committee report

Vasileios Tentzeris

Sub-committee Members (2023-24)	
Co-chair	Vasileios Tentzeris
Executive Co-chair	Rana Sayeed
Appointed Member	Ishtiaq Ahmed
Appointed Member	Alex Cale
Appointed Member	Massimo Caputo
Appointed Member	Roberto Casula
Appointed Member	Ranjit Deshpande
Appointed Member	Joel Dunning
Appointed Member	Hazem Fallouh
Appointed Member	Rafael Guerrero
Appointed Member	Shyam Kolvekar
Appointed Member	Kelvin Lau
Appointed Member	Nicolas Nikolaidis
Appointed Member	Karen Redmond
Appointed Member	Stephan Schueler
Appointed Member	Narain Moorjani
Senior Trainee Representative	Bassem Gadallah
Junior Trainee Representative	Walid Mohamed
Trainee Cardiothoracic Surgery Representative	Joshil Lodhia
Lay Representative	Sarah Murray
NAHP Representative	Amanda Walthew
NAHP Representative	Una Ahearn

The Innovation sub-committee has supported several innovative projects:

PerDeCT Usability study

Hazem Fallouh, Professor Thomas Clutton-Brock OBE (University of Birmingham)

This is a trial of the prototype user interface of PerDeCT, a device to monitor cardiac output following cardiac surgery and aid the diagnosis of cardiac tamponade. The aim is to develop an off-the-shelf balloon doppler probe and transonic flow meter. This has already won the European Association of Cardiac Innovative Surgery award. The investigators have applied for £1.8 m further funding from NIHR for a usability study and PPI involvement.

Minimally Invasive Cadaveric course

Ishtiaq Ahmed

Minimally invasive surgery has been supported by the latest NICE guidance. There is a need for the safe cascading of skills; there is a BISMICS document on how to do this but understanding patient selection and undertaking supervised procedures has not been developed. The first minimally invasive cadaveric course ran as a pilot in 2022 with delegate feedback informing subsequent courses. The later courses have been funded by HRUK.

There are plans to develop a course available on a digital platform which can be used in 3D with goggles; there has been a successful grant application to Innovate UK.

'Extubate'

Milan Bates

This is an innovative tracheostomy dressing that follows the shape of the neck. It is a non-linear dressing which works by adhering to the skin but is not sticky. Use of this dressing is estimated to save 7 hours of patient care time compared with standard dressings. It has environmental savings and carries the CE, FDA and UK CA marks.

IVA (Intelligent Video Analytics) Heart

Mohammed Bilal, Ilhem Berron, and Hunaid Vohra

This project aims to develop personalised virtual reality surgical training by analysis of operative videos.

Dissemination of navigational bronchoscopy

Electromagnetic navigational bronchoscopy (ENB) is feasible, safe, and well tolerated by most patients. It is an effective diagnostic tool and has the potential to shorten the diagnostic pathway leading to earlier treatment. There is a steep learning curve, and uptake has been low across the UK. The group considered early results and how to support wider uptake.

Foetal analytics

This is a collaborative study between the Bristol Heart Institute and the University of the West of England (UWE) to develop an AI solution to guide the diagnosis and monitoring of congenital heart defects using foetal ultrasound scans.

Other projects

- Live video links between congenital units: pilots in Bristol and Cardiff.
- 3D printing of congenital hearts and complex valves: this has become an established part of the pre-operative work-up in a few centres, e.g. before the Osaki procedure.
- Directory of ongoing innovation for trainees to gain experience.
- Dissemination of cardiothoracic simulation (collaboration with J&J MedTech).
- Directory of innovative videos for the SCTS website

Sub-committee achievements

- Representative from all other SCTS sub-committees at Innovation sub-committee meetings.
- Participation in the consultation on innovative medicines fund (Fallouh)
- Publication of the ART consensus (Vohra)
- Innovation Fair (Krishnamoorthy)
- Joint SCTS-BISMICS letter for mandatory collection on the 'incision' of surgery (Vohra)
- Literature review/cost analysis of robotic lobectomy (Redmond)
- How to set up Robotic Thoracic Surgery in the UK webinar (Dunning)
- How to set up Robotic Cardiac Surgery in the UK webinar (Modi).

Equality, Diversity, & Inclusion Sub-committee report

Indu Deglurkar



Sub-committee Members

Co-chair (Immediate past)	Indu Deglurkar
Executive co-chair	Narain Moorjani
Appointed Member	Giovanni Mariscalco
Appointed Member	Rashmi Birla
Appointed Member	Cecilia Pompili
Appointed Member	Nicole Asemota
Appointed Member	Nikhil Sahdev
Appointed Member	Shagorika Talukder
Appointed Member	Ahmed Abbas
Appointed Member	Chiemezie Okorocho
Appointed Member	Hanad Ahmed
Appointed Member	Aswani Pillai
Appointed Member	Ramanjit Kaur
Appointed Member	Charlie Bailie
Appointed Member	Adam Borrer
Appointed Member	Samuel Burton
Appointed Member	Jeevan Francis
Appointed Member	Sathyan Gnanalingham
Appointed Member	Anoop Sumal

Sub-committee aims

The Equality, Diversity, and Inclusion (ED&I) sub-committee strives to foster an inclusive culture within the multidisciplinary environment of cardiothoracic surgery. In response to issues raised in the initial ED&I survey regarding shared experiences of prejudice, the committee is actively working to address these concerns. Throughout its tenure, the ED&I committee has convened multiple times to develop the initiatives outlined below.

ED&I Video

Over the last year, the ED&I sub-committee has dedicated significant resources to creating an interview-style video featuring prominent established and training cardiothoracic surgeons and allied health professionals. Conducted during the 2023 and 2024 SCTS Annual Meetings, these interviews aim to offer valuable insights into the field of cardiothoracic surgery.

Targeted at younger audiences, including GCSE, A-Level, and junior medical students, the video will be distributed through schools and on social media platforms. Its overarching purpose is to serve as a beacon of representation for all young individuals, showcasing cardiothoracic surgery as an inclusive speciality with diverse voices and perspectives. The video seeks to demonstrate this field's inclusive culture and diverse possibilities through candid discussions of personal anecdotes and visions for the future.

The EDI video has been completed in late 2024 ready for distribution to empower and inform the next generation of medical professionals about the dynamic and inclusive world of cardiothoracic surgery.

New and developing projects

Surgical ED&I Awareness Day

The ED&I sub-committee is committed to spearheading initiatives to raise awareness about diversity and culture within the field of surgery. We aspire to participate in and contribute actively to professional events focused on these critical topics. We aim to foster meaningful connections and enhance ongoing efforts to promote diversity and inclusion within cardiothoracic-specific and pan-surgical practice. In pursuit of this goal, the committee seeks to collaborate with esteemed organisations such as the Royal Colleges of Surgeons, the British Association of Black Surgeons, and the British Indian Association. We aim to amplify our collective impact by developing these partnerships and effect positive change within the surgical community. In collaboration with such organisations, we plan to organise an event addressing ED&I and culture within surgery, addressing all forms of prejudice not specific to any particular minority or group. We want to ensure that every voice is heard and valued.

Other topics recently discussed

The ED&I sub-committee has thoroughly considered the proposition of SCTS collecting additional data on personal experiences of prejudice and discrimination within cardiothoracic surgery. One suggested mechanism for this collection is an anonymous reporting forum on the SCTS website. However, during our discussions, concerns were raised regarding the level of support SCTS would be equipped to provide to colleagues who might report such potentially traumatic events. While recognising the importance of gathering data to address systemic issues and promote a more inclusive environment, we understand the gravity of the situations that may be disclosed through such reporting mechanisms. It is essential that SCTS not only collects data responsibly but also ensures adequate support mechanisms are in place for those who may come forward with their experiences. The ED&I sub-committee will continue to explore partners to provide independent, safe spaces for reporting and raising concerns, with a robust and transparent method of how these concerns will be handled.

A recent meeting presentation demonstrated the disparities in training opportunities between trust-appointed doctors (TADs) and national trainee surgeons. One notable example highlighted was the ineligibility of TADs from SCTS-managed skills courses targeted at NTN. SCTS Education has expanded its portfolio of courses to add courses for TADs and started to offer places to TADs on its established surgical skills courses. These measures will help to create a more equitable and supportive environment for TADs within cardiothoracic surgery.

A discussion has arisen on institutional attitudes towards international colleagues, highlighting instances of prejudice and how NHS Trusts tackle this culture and offer mentorship. It is imperative to ensure fair treatment for all members of the MDT, regardless of nationality. Measures include promoting inclusivity, implementing mentorship programmes, and establishing robust reporting mechanisms for incidents of discrimination.

Women in Cardiothoracic Surgery Sub-committee report

Ralitsa Baranowski



Sub-committee Members

Co-chair	Ralitsa Baranowski
Executive Co-chair	Narain Moorjani
Cardiac Surgery Representative (Scotland)	Rashmi Birla
Trainee CT Surgery Representative (Wales)	Rhian Allen
Trainee CT Surgery Representative (England)	Georgia Layton
Trainee Academic CT Surgery Representative	Nicole Asemota
Thoracic Surgery Representative	Leanne Ashrafian
Research CT Surgery Representative	Laura Clark
Core Surgical Trainee Representative	Alice Copperwheat
Medical Student Representatives	Augusta Paulikaite Heen Shamaz

Our annual responsibilities are highlighted below alongside updates on achievements in each area. The sub-committee meet on a quarterly basis, and, to date, we have achieved branding, a webpage on SCTS.org (with role-modelling, signposts to educational material), and an X account (@SCTSWiCTS).

Support of Annual Meeting plenary sessions

WiCTS has hosted accomplished and inspiring role models at the SCTS meeting.

2021 Brigadier Nicky Moffat

2022 Mr Alex Brunelli

2023 Liz O’Riordan – Cardiothoracic Surgery without Limits - 2023 and beyond

2024 Tamzin Cumming – Promoting sexual safety in surgery

Female Representation at the annual general meeting

There were 1144 attendees registered for the 2024 annual meeting in Newport, Wales. Of these attendees, 454 were female (39.6%). There were 448 surgeons, physicians, and NAHPs presenting, chairing or delivering a keynote lecture, and of these 125 were female (27.9%). Some areas of the specialty had higher female representation than others, such as NAHP session chairs (73.3% female) compared with adult cardiac session chairs (13.2% females) and keynote lecturers (8.33% female).

Monthly Webinar Series – Educate

- Jo Chikwe – How I set up a mitral programme
- Simon Fleming – Challenging Culture - allyship and sponsorship have the biggest impact

WiCTS database

We are creating a database for the SCTS Executive to show the progress made in improving female representation within the specialty.

Female consultant surgeons – data collected March 2024

Thoracic Surgery (including transplantation) 32/152 (21.1%)

Adult Cardiac Surgery (including transplantation) 21/237 (8.9%)

Congenital Cardiac Surgery (including adult congenital and paediatrics) 5/44 (10.2%)

Cardiothoracic Surgery 0/10 (0%)

Total consultant workforce 59/450 13.11%

The first WiCTS survey in 2021 found only 14 female consultant cardiac surgeons (adult and congenital) across the UK, comprising 5% of the total consultant cardiac workforce. Seven new appointments have increased this total to 21 (8.9% of the consultant cardiac workforce). Women are still under-represented in adult and congenital cardiac surgery with only 21 surgeons (8.9%) compared to 32 (21.1%) consultant thoracic surgeons. Ireland has the highest female representation and has two female university professors of thoracic surgery. Four (6.8%) of the 37 females in a consultant position in the UK hold professorial chairs, compared with 33 (0.7%) of the 389 male consultants, reflecting the high achieving nature of those commencing and progressing through their careers at a potential disadvantage.

Cardiothoracic NTNs

In 2024, there were 43 female cardiothoracic NTNs (37.4%, total 115) broken down into the following numbers per training grade.

Grade	Female (n)	Male (n)	%female
ST1	4	7	36.4
ST2	4	5	44.4
ST3	7	6	53.8
ST4	11	10	52.4
ST5	7	20	25.9
ST6	7	13	35.0
ST7	3	11	27.3

In comparison, there were three female ST3 trainees in 24 appointments (12.5%) in 2011. The increase in female trainees is encouraging provided it translates to consultant appointments.

Women in leadership roles

Within leadership positions, female representation on the SCTS Executive has increased from 13% in 2020 to 36% in 2024 (10/28 officeholders). For females in an academic leadership position, there are 3 female (8%, total 36) Professors of Cardiothoracic Surgery in the UK, and one female Professor of Cardiothoracic Nursing.

SCTS currently have two female Education Secretaries, female Thoracic Surgery Lead, WiCTS Lead, and immediate past ED&I co-chairs, as well as a female Perfusion representative. The current Section 1 and Section 2 Leads for the Intercollegiate FRCS(C-Th) exam are female thoracic surgeons.

'Lift as you climb mentorship scheme'

This scheme has run for over one year with 45 mentees and 12 mentors. The need for a mentorship scheme is widely recognised and is imperative to achieve maximum career potential, both professionally and personally. The goal is to establish a more structured mentoring programme with predefined objectives, create apposite mentor-mentee pairs, and recognise an individual mentee's unique needs. Women face unique challenges as a minority, and this must be considered when forming mentorship relationships.

Engagement Programme

Most of our sub-committee members are involved locally and nationally at female engagement speaking events with the RCS and several university schemes.

Reduced membership fees for Parental Leave

The Executive unanimously decided to suspend subscription fees for members during the period of parental leave.

Sexual Misconduct in Surgery

SCTS takes the published report very seriously. Support has been offered to members, including anonymous support from our Professional Standards Sub-committee Chair.

Code of Conduct

WiCTS, with the SCTS Executive, was instrumental in creating the SCTS code of conduct. Professionalism and good conduct are emphasised to our members in every SCTS event.

Future directions

- Continued Advocacy: Ongoing efforts to promote gender equity will be critical. Advocacy for policy change at institutional and national levels is planned.

- Education and Recruitment: Strengthening the outreach and education programme to potential female medical students about the field of cardiothoracic surgery is a priority.
- Leadership Development: Development programmes designed specifically for women in the field to prepare them for leadership roles will be emphasised.

Patient Safety & Quality Improvement Working Group report

Andrew Parry



Working Group Members

Co-chair	Andrew Parry
Deputy Chair	Vanessa Rogers
Executive Co-chair	Sri Rathinam
Appointed Member	Ismail Vokshi
Appointed Member	Ruhina Alam
Appointed Member	Jane Dickson
Appointed Member	Jody Stafford
Appointed Member	Branko Mimic
Appointed Member	Sarah Murray

- Vanessa Rogers appointed as Deputy Co-chair.
- Agreement from web developers to support the PS&QI library project.
- The PS&QI portal is now live and ready to accept submissions of patient safety incidents and quality improvement projects for dissemination and shared learning.

Sustainability in Cardiothoracic Surgery Working Group report

Sri Rathinam



Working Group Members

Co-chair	Sri Rathinam
Appointed Member	Christopher Efthymiou
Appointed Member	Fathima Mubarak
Appointed Member	Kudzayi Kutwayo
Appointed Member	Bhuvaneswari Krishnamoorthy
Appointed Member	Philip Hartley
Appointed Member	Joy Edlin
Appointed Member	Nader Moawad
Appointed Member	Khurum Mazhar
Appointed Member	Vanessa Rogers

The aim of this working group is to create a process map towards more sustainable practice in cardiothoracic surgery. The SCTS has collaborated with the surgical Royal Colleges and the UK Sustainability Alliance. The group has discussed how best to improve sustainability across different stages of a patient's journey.

Sustainability in Cardiothoracic Surgery

Sustainability in cardiothoracic surgery is a scoping review with a draft manuscript in progress.

Telemedicine and outpatients

Telemedicine consultations allow better time utilisation, a smaller carbon footprint, and a better patient experience. The SCTS plans to survey current practice within our specialty and identify any valuable lessons from other specialties.

Blood tests

Reducing the repetition of routine blood tests before an elective procedure is better for sustainability, costs, and patient experience.

Theatre

The Working Group has promoted the Green Theatre checklist and considered how best to reduce the use of consumables (e.g. unnecessary glove-changing), increase the use of reusable products, such as drapes and gowns, and recycle theatre items, such as bypass tubing.

There is variation in local policies on waste management and recycling. The SCTS cannot influence local policy but can share best practice between units.

Local awareness and implementation of the Green Theatre checklist was surveyed in the 2023 Board of Representatives report.

Life cycle analysis

The group plans to undertake life cycle analysis of common surgical procedures with respect to disposable and reusable products and make procedures leaner regarding resource usage.

Sustainability Conference

The SCTS is planning a Sustainability in Cardiothoracic Surgery conference in 2025.

Sustainability Prize

The SCTS will award a prize for the best sustainability project at the SCTS Annual Meeting in Edinburgh.

Specialty Advisory Committee Chair's report

Tim Jones



SAC Members 2023-2024

SAC Chair	Tim Jones
Appointed Member	Elizabeth Belcher
Appointed Member	Sunil Bhudia
Appointed Member	Ravi De Silva
Appointed Member	Shakil Farid
Appointed Member	Shilajit Ghosh
Appointed Member	Mark Jones
Appointed Member	Mahmoud Loubani
Appointed Member	Dheeraj Mehta
Appointed Member	Justin Nowell
Appointed Member	Shahzad Raja
Appointed Member	Sridhar Rathinam
Appointed Member	Rana Sayeed
Appointed Member	Kasra Shaikhrezai
Appointed Member	Steven Tsui
Appointed Member	Hunaid Vohra
Appointed Member	Steven Woolley
Trainee representatives	Bassem Gadallah
	Walid Mohamed
SCTS Education Secretary	Deborah Harrington
SCTS President	Narain Moorjani
Cardiothoracic Dean	Neil Roberts
Postgraduate Dean	Paul Sadler

Curriculum and eelogbook

- All trainees migrated to the current curriculum on 1st August 2023.
- From August 2023, ARCP panels will not be able to award Outcomes 10.1 or 10.2.
- To support the implementation of the current curriculum, all SAC Liaison Members (LMs) and TPDs have completed 'Curriculum Champion' Training and will help roll out training to the regions. In addition, curriculum update sessions have been incorporated into SCTS Education courses.
- A 'Summary of Critical Progression Points for end-of-phase ARCP' document has been written for all TPDs, LMs, and trainees to aid trainees and standardise ARCPs.

- Elizabeth Belcher (SAC Thoracic Curriculum lead) and Prof Mahmoud Loubani (SAC Cardiac Curriculum lead) have updated and rewritten WBAs to better reflect the current curriculum and reviewed the curriculum and syllabus for a minor update submission to the GMC in late 2024. This work has been supported by Steve Woolley, Sridhar Rathinam, Ravi De Silva, and Shakil Farid.
- Trainee logbook numbers for elective and emergency cases remain lower than pre-COVID and COVID recovery in cardiothoracic surgery lags behind other specialities. The JCST and Royal Colleges welcome recognition for surgical training in independent sector centres undertaking NHS cases. Shahzad Raja and Prof Mahmoud Loubani are leading a piece of work to look at optimum rota patterns to maximise training time in theatre and learn from best practices around UK to develop a best practice rota guide.
- All SAC members and TPDs are now required to complete the online Harassment, Undermining and Intimidation training module (RCS Edinburgh).
- The eLogbook has been updated with a new interface for trainees and trainers. The Data Analysis, Audit, and Research Group (DAARG) is now well-established and able to provide data analysis to better understand caseload and operative training experience. Joshil Lodhia has done an excellent job in representing and updating the eLogbook for cardiothoracic surgery.
- Preliminary data across all specialties has shown good uptake of final MCRs by trainees and trainers and good correlation between trainees' self-assessment of competencies and their MCRs. There has been less uptake for mid-point MCRs, but of those trainees who underwent a mid-point MCR, there is higher correlation between their self-assessment and the MCR assessment of competencies at the final MCR.
- Bassem Gadallah and Walid Mohamed, the current SAC Trainee Representatives, have produced a National Cardiothoracic Training Prospectus for all regions for future trainees.
- Mike Shackcloth, Thoracic Surgeon at Liverpool Heart and Chest Hospital, has been appointed National Online TPD with the remit of developing the cardiothoracic content of the new online national training platform for surgical trainees.
- Dheeraj Mehta has taken over as Simulation Lead and continues the excellent work done by Sri Rathinam to develop simulation training across the specialty generously supported by industry. All trainees receive a basic surgical simulation kit, and local courses and a national roadshow provide simulation training across the UK and Ireland.

National Selection

- The SAC has set up a National Selection Board (NSB) for cardiothoracic surgery led by Stephen Tsui and Steve Woolley to meet the increasing workload and complexities of national selection.
- There has been extensive lobbying by the SAC and SCTS through JCST and the Royal Colleges for a return to face-to-face national selection, but Medical and Dental

Recruitment and Selection (MDRS) has declared selection will continue to be online for the foreseeable future. The NSB is looking at how the on-line recruitment process can be improved. We shall continue to lobby for a return to face-to-face selection.

- National selection for 2024 completed with the appointment of eight ST1 cardiothoracic and six ST4 thoracic NTN's starting in August 2024. Cardiothoracic surgery remains a very popular career choice amongst trainees and national selection is highly competitive with many excellent applicants.
- Vanessa Rogers and Sunil Bhudia have been appointed as lead question writers for thoracic and cardiac surgery national selection.
- We are very grateful for the continued support and enthusiasm from all the trainers who volunteer to be part of the National Selection process.

Workforce

- After consultation with the SCTS and SAC, the Medical Education Reform Programme (MERP) proposes a national redistribution of training posts to reflect regional population needs. The agreed changes will be implemented over the next 3 years in a progressive and monitored way to ensure no detriment to the quality of training.
- Mark Jones, SAC Workforce Lead, and a combined SCTS-SAC Workforce Working Group has started the 2025 SCTS-SAC workforce survey to better understand the current workforce and predict future requirements to match supply and demand.

Quality Assurance

- Shahzad Raja continues to lead on quality assurance of training on behalf of SAC. He dedicates a lot of time to collate multiple QA inputs to produce regional training reports to recognise areas of excellence and identify areas for improvement.
- In recent years, there have been very low completion rates for the JCST and GMC National Training surveys by trainees. These are integral to QA. We have increased publicity to promote engagement by trainees and trainers with these surveys.
- The GMC National Survey has identified reduced wellbeing and a potential higher rate of burnout amongst cardiothoracic trainees. These results have been disseminated to TPDs and Regional Training Committee with signposting to help and support systems for trainees. These concerns and the support available were discussed at the Trainees Forum during the Annual Meeting.
- We have added additional questions to the 2025 GMC Survey on training in the non-dominant speciality (cardiac or thoracic) and access to sub-specialty training (congenital and transplant) to better understand trainees' experiences.

Portfolio (formerly CESR) Process

- Following a change in legislation, there has been a change in the Certificate of Eligibility for Specialist Registration (CESR) pathway to enter the GMC Specialist Register.
- The new legislation came into effect on 30th November 2023. Applicants no longer have to demonstrate equivalence to CCT in their training but instead demonstrate they have the knowledge, skills, and experience to enter the Specialist Register.
- We have written new Speciality Specific Guidance (SSG) for Cardiothoracic Surgery in association with the JCST and GMC, replacing the previous CESR application process.
- Mahmoud Loubani continues as SAC Portfolio Lead supported by Shakil Farid, Dheeraj Mehta, Elizabeth Belcher, Shilajit Ghosh, Sri Rathinam, Mark Jones, Rana Sayeed, and Sunil Bhudia.

Membership

- The work of the SAC is undertaken by a group of highly motivated senior trainers who undertake a significant amount of voluntary work to improve and develop training across our specialty. We all recognise training is currently under many different conflicting pressures. The easy option would be to do nothing, but as an SAC we are committed to do all we are able to improve training and trainees' and trainers' experiences, thereby influencing the treatment and outcomes for our patients. We very much believe in 'no training today, no surgeons tomorrow'.
- In 2024, Sunil Bhudia, Ehab Bishay, Sri Rathinam, Rana Sayeed, and Stephen Tsui completed their terms as SAC Liaison Members. They have all made a huge contribution in many areas of training.
- We welcomed two new members, Ravi De Silva and Shakil Farid. We advertised for new members in late 2024 and the successful applicants will join the SAC in early 2025.

Intercollegiate Specialty Exam Board Chair's report

Sri Rathinam



Intercollegiate Specialty Board Membership 2024

Chair	Sridhar Rathinam
Leader, Panel of Question Writers [S1]	Elizabeth Belcher
Leader, Panel of Question Writers [S2]	Juliet King
JSCFE Lead	Rana Sayeed
RCS Edinburgh representative	Steven Rooney
RCS England representative	Farah Bhatti
RCSI representative	Vincent Young
RCPS Glasgow representative	Manoj Kuduvali
SCTS representative	Narain Moorjani
SCTS representative	Neil Roberts
SAC Chair	Tim Jones
Trainee Representative	Rebecca Weedle

Panel of Examiners – Update on current examiner demographics

There has been an increased drive to recruit more examiners to replace retiring colleagues and develop an examiner panel that better reflects the pool of candidates. There has been an increase in the proportion of female examiners from 2% in 2015 to 10% in 2024:

	October 2015	October 2024
Female	1	6
Male	42	47
Total	43	53

Results for Intercollegiate Specialty Examination in Cardiothoracic Surgery

Section 2 (17th - 18th May 2023, Liverpool)

11 out of 17 candidates (65%) passed the examination

Type 1 trainees (3a-2015 Regs) – 7 out of 7 (100%) passed

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

Not in training (O-2015 Regs) – 4 out of 10 (40%) passed

Section 1 (5th July 2023)

14 out of 43 candidates (33%) passed the examination
 Type 1 trainees (3a-2015 Regs) – 5 out of 10 (50%) passed
 Type 2 trainees (3b-2015 Regs) – 1 out of 1 (100%)
 Not in training (O-2015 Regs) – 8 out of 32 (25%) passed

Section 2 (18th – 19th October 2023, Hull)

14 out of 20 candidates (70%) passed the examination
 Type 1 trainees (3a-2015 Regs) – 5 out of 5 (100%) passed
 Type 2 trainees (3b-2015 Regs) – 1 out of 1 (100%) passed
 Not in training (O-2015 Regs) – 8 out of 14 (57%) passed

Section 1 (10th January 2024)

18 out of 35 candidates (51%) passed the examination
 Type 1 trainees (3a-2015 Regs) – 10 out of 16 (63%) passed
 Type 2 trainees (3b-2015 Regs) – Nil presented
 Not in training (O-2015 Regs) – 8 out of 19 (42%) passed

Section 2 (21st – 23rd May 2024, Liverpool)

19 out of 23 candidates (83%) passed the examination
 Type 1 trainees (3a-2015 Regs) – 9 out of 10 (90%) passed
 Type 2 trainees (3b-2015 Regs) – Nil presented
 Not in training (O-2015 Regs) – 10 out of 13 (76%) passed

Section 1 (3rd July 2024)

38 out of 48 candidates (79%) passed the examination
 Type 1 trainees (3a-2015 Regs) – 13 out of 16 (81%) passed
 Malta trainees – 1 out of 1 (100%) passed
 Type 2 trainees (3b-2015 Regs) – Nil presented
 Not in training (O-2015 Regs) – 24 out of 31 (77%) passed

Section 2 (23rd – 24th October 2024, Belfast)

15 out of 24 candidates (63%) passed the examination
 Type 1 trainees (3a-2015 Regs) – 3 out of 3 (100%) passed
 Not in training (O-2015 Regs) – 12 out of 21 (57%) passed

Joint Surgical Colleges Fellowship Examination

The Intercollegiate JSCFE had been held overseas for international candidates. The exam was held in Kuala Lumpur pre-COVID but moved to Malta for post-COVID exams after 2023 to reduce costs. The JCIE has decided that the Cardiothoracic JSCFE is not sustainable in the long-term. The diet planned for Dubai in December 2024 has been cancelled; instead, there will be

a diet in the United Kingdom in June 2025. Further Section 2 diets will be organised according to candidate demand and affordability.

Examiner letter

A letter has been sent to the MDs, DMEs, and CEOs from the JCIE Chair, JCST Chair, NHS Medical Director, and College Presidents seeking support for leave for examination duties.

IQA Committee

The Internal Quality Assurance Committee has been merged with the main Joint Committee on Intercollegiate Examinations. The Cardiothoracic Intercollegiate Specialty Board Chair represents the specialty at the thrice-yearly combined JCIE and IQA meetings.

Exam process

Streamlining various sections with standards set in the questions.

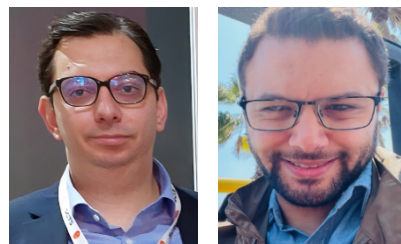
Mapping the various sections of the exams to the CIPS and GPCs with SAC. The exam blueprint has been updated to the new curriculum.

Exam Resources

The GMC and the JCIE aim to reduce differential attainment between NTNs and other candidates. The JCIE will offer exam resources including details of the exam process and components and sample questions to complement the NHSE online teaching programme.

Trainees Representatives' Report

Bassem Gadallah and Walid Mohamed



Guide to Deaneries

We compiled a *Guide to Cardiothoracic Surgery Deaneries* that was published on the SCTS, Oriel, and Wessex Deanery websites for to support NTN recruitment; it is also available on the NTN WhatsApp Groups. The guide includes a prospectus from each deanery/region with an overview of the training programme to help inform applicants and ST1 starters.

ST1 Welcome Guide

This was developed two years ago and recently updated for those starting their training programme. The guide has useful information and advice on how to maximise training opportunities and steer your training in the right direction. The guide is available on the SCTS website and NTN WhatsApp groups.

Communication

We have established NTN WhatsApp groups for every year in training (ST1-ST7) and are working on a system to update group membership regularly (not only annually with changeover but with any changes in trainee status). The groups have proven useful in advertising educational opportunities, communicating news and information from the SCTS and SAC, and allowing trainees to communicate more effectively. We shall contact all NTNs at the start of their training to encourage them to join their relevant group.

The SCTS Annual NTN Meeting 2024

Once again, we had a very productive NTN meeting this year with a large turn-out from NTNs, TPDs and SAC members. Several training-related topics were discussed in the Q&A session, and we had updates/presentations from the SAC Chair, and the QA lead of the SAC and eLogbook Leads. The meeting minutes/summary along with all presentations will be shared soon with all NTNs for reference.

The SCTS Annual NTN Dinner 2024

This year was the third occasion of this fully funded event with a great attendance once again to help make it a fantastic social event! We are planning next year's event on the first day of the 2025 SCTS Annual Meeting in Edinburgh which we have no doubt will be spectacular!

Annual ASiT Basic Skills in Cardiothoracic Surgery Course

This is our flagship national educational event held on the first day of the Association of Surgeons in Training (ASiT) Annual Conference. This year's course was held in March 2024 and

featured a portfolio review station, detailed advice on NTN applications/recruitment, and simulation stations for coronary anastomosis, valve replacement, bronchoscopy, chest drain insertion and VATS, with an excellent faculty to trainee ratio. The course received excellent feedback from the 30 delegates who attended.

Future Projects

The National Training Committee is contributing to the SAC working group developing recommendations (to deaneries) and action plans to maximise theatre and training opportunities (an update on the SCTS Toolkit). We regularly receive feedback from trainees on training-related matters that we raise with the relevant SAC and SCTS Executive members. We urge all NTNs to let us know if there's anything they would like us to raise.

Please get in touch via WhatsApp or email ntccts@gmail.com.