BCCA Business Meeting

Minutes

Meeting on: Tuesday 22 November 2011

Time: 17:15 – 18:15

Venue: Royal College of Surgeons, 35-43 Lincoln’s Inn Fields, London WC2A 3PE

Welcome/Apologies (Shakeel Qureshi)

Professor Qureshi welcomed everyone to the meeting.

1. Minutes of last meeting (John Thomson)

Nothing further to add and the minutes were approved and will be available for downloading on the BCCA’s website.


Welcome to the 4 newest Ordinary Members on council. Dr Kate English (Adult Congenital Heart Disease) took over from Sara Thorne who left in March. Dr English officially started in July and her first term will end in 2013. The 3 other new ordinary council members are Dr Alan Magee, Dr Mike Burch and Professor David Anderson whose first terms officially commence after today’s meeting (November 2011 – 2013).

Posts coming up for election in 2012:

Officer posts

Honorary Secretary: Dr John Thomson; November 2010 – 2012 (re-elected for a 2nd term Nov 2010)

Dr Thomson is eligible to apply for one more year, to extend his term until November 2013

Ordinary Members

Mr Marcus Haw September 2010 – 2012 (1st term)
Mr David Barron September 2010 – 2012 (1st term)
3. **New Members (John Thomson)**

17 new members have been proposed and seconded, all of whom were ratified. The new members come from a range of different backgrounds and highlight the increasing breadth of the organisation.

- Mrs Elizabeth Aryeetey, Lead Nurse, University Hospitals of Leicester NHS Trust
- Dr Hannah Rosemary Bellsham-Revell, ST4 Paediatric Cardiology, Evelina Children’s Hospital
- Miss Karolina Maria Bilska, Senior Chief Paediatric Cardiac Physiologist, Evelina Children’s Hospital
- Dr David Black, ST4 – ACF Paediatric Cardiology, Southampton University Hospital
- Mr Ram Dhannapuneni, Consultant Cardiac Surgeon, Alder Hey Children’s Hospital
- Miss Sian Nicole Eustace, Senior Cardiac Physiologist, Bristol Children’s Hospital
- Dr Amit Gupta, ST – Neonatology, Sheffield Teaching Hospital
- Dr Sundaram Janakiraman, Consultant Neonatologist, University Hospital of North Tees
- Dr Elena Jepps, SpR in General Paediatrics, Bradford Royal Infirmary
- Dr Elizabeth Orchard, Locum Paediatric Consultant, John Radcliffe Hospital
- Dr Mary Salam, SpP Paediatric Cardiology, Birmingham Children’s Hospital
- Dr Moustafa Shahin, Paediatrician with interest in paediatric cardiology, Forth Valley Royal Hospital
- Dr Luke Starling, ST3 Paediatric Cardiology & PICU, Royal Brompton Hospital
- Dr Anselm Sebastian, Uebing, Consultant Adult Congenital Cardiologist, Royal Brompton Hospital
- Dr Abhay Bhojor, SpP Paediatric Cardiology, Birmingham Children’s Hospital
- Miss Natasha Khan, Locum Consultant Paediatric Cardiac Surgeon, Birmingham Children’s Hospital

4. **President’s Report (Shakeel Qureshi)**

It has been a difficult, trying time for the Association over the last 2 years. Although ‘Safe and Sustainable’ has taken up a large amount of time it has brought paediatric cardiac surgery as a service into focus. BCCA has taken a central role in developing standards, which hopefully will drive up standards in the future whatever the outcome of the national review.

After a difficult process the ACHD catheter intervention guidelines have finally been agreed. BCCA, BCS and BCIS have put together what has been a challenging document involving much discussion and compromise. The document has now been endorsed by BCCA Council and will be made available on the website.

BCCA has been working closely with BCS developing a more streamlined programme for the annual conference.

BCCA continues to take a central role in CCAD.

It is hoped that work being done on developing the BCCA website will be completed within the next 2-3 months and will lead to an improved and more accessible “front end” for the work of the group.

A representative has been nominated for MSC. Since Anna Barlow was co-opted to Council things have been moving swiftly.

There has been discussion at Council meetings to develop the role of scientific secretary for a 3 year period.
The Association’s finances are improving and Dr Tometzki was commended on the tremendous work he is undertaking. Council will address the number of co-opted members on Council, bringing about constitutional changes within the BCCA.

The Annual Meeting will be held in Edinburgh in 2013, and discussions are ongoing regarding dates and venue. Council have been looking at setting up a programme committee to organise future Annual Meetings.

Finally, Professor Qureshi expressed his thanks for all the support he has received during his time as President from every member of Council and also the important contribution received from co-opted members, especially Professor Sir Roger Boyle. BCCA’s profile has been raised in the last 2-3 years and he is grateful to Council members for their commitment, support and contribution during what have been difficult and testing times.

5. Incoming President’s Report (Tony Salmon)

Dr Tony Salmon expressed his thanks for being voted BCCA President and paid tribute to the work that Professor Qureshi had performed in many areas on behalf of BCCA over the last 4 years. The key areas Dr Salmon will be addressing as incoming President relate to the Safe & Sustainable review and in particular integration of the Paediatric and ACHD review. BCCA has received the message loudly and clearly from members that an integrated and logical review of congenital heart services considering patients of all ages is essential to success and endeavours will be made to ensure appropriate linkage between services. Dr Salmon reiterated that it has been a difficult time for the Association and hopes to see a conclusion regarding S&S within a reasonable time span.

Big cuts will be made within the NHS in the next couple of years. Dr Salmon articulated that we must be careful as an association that we do all we can to ensure that congenital heart services weather the financial storms and continue to provide the best possible services for patients with congenital cardiac disease. Dr Salmon seeks increased engagement of the ordinary members, would welcome any feedback to Council and any issues for discussion.

6. Treasurer’s Report (Andrew Tometzki)

Dr Tometzki highlighted the need to be careful with the financial structure of the Association and has engaged the services of an accountant from Pillow May Ltd to advise on:

- Accounting issues
- Collection of subscriptions
- Liability to pay tax on any profits
- Obtaining charitable status
- Scrutinise working of AGM

There has been some improvement in income but problems remain with subscriptions where £6,000 is overdue. Council is re-assessing the system for collecting subscriptions (by direct debit) as the current system is cumbersome. Potentially those who do not pay their subscription will not be able to vote or attend the Business meetings.

BCCA council has recommended that a working group is set up to look at a change to charitable status. This would potentially have important implications in particular with regard to taxation.
Dr Tometzki recommends using BCCA assets to improve the website for a number of reasons but not least that it is a powerful means for recruiting membership to the Association.

Expenditure:
- Travel and subsistence expenses for members of Council to attend various meetings.
- 25% of membership subscriptions is used to pay a proportion of administrative charges to BCS for the services of Azeem Ahmad
- The Madeleine Steel Bursary will be awarded in the spring time.

7. SAC Chair’s Report (Robin Martin)

Robin Martin will be standing down as SAC Chair as soon as someone is available to replace him.

SAC is active and growing steadily. Changes were made to the curriculum in 2010 i.e. 5-year curriculum with 2 year specialist training. The updated curriculum ran well for its first year. However, there are still issues with specialist training and needs further development.

There will be a trial of national recruitment for SpRs in 2012. Wessex Deanery will be hosting this. 8-10 posts to be recruited. First recruitment round will be in May and see how trial goes. Feedback is welcomed.

- National Training Days are mapped to the curriculum and have been running for 3 years now with a good programme. Attendance is mandatory for trainees. 80% attendance.
- GMC = definitely need KBA as part of training. It will be trialled in the coming year, starting with short answer questions. The format will be finalised and validated. A BCCA member suggested setting up a databank of questions.
- The RCP survey was very good and accurate – 19% rise in consultant posts last year. Related to Safe and Sustainable? Would like to see increase in numbers in coming years.
- The number of Paediatricians with an expertise in cardiology (PEC) is still low. There is still a need to train people for consultant posts.
- There is pressure to reduce training posts in paediatric cardiology due to funding issues.

8. Revalidation (Robin Martin)

Revalidation with a view to re-certification is required for all medical practitioners. All Paediatric Cardiologists in the UK will be required to undergo revalidation and it is anticipated that the process will start in the latter part of 2012. The Royal Colleges and Specialist Societies have been tasked by the GMC to develop a framework for this process and BCCA needs to develop a system that is appropriate for a small specialty with a diverse range of skills and knowledge. BCS and RCPCH have developed frameworks for revalidation for adult cardiologists and paediatricians respectively. It is essential that paediatric cardiology develops a system of revalidation that is tailored to the demands of the specialty. Revalidation should be an enhanced form of appraisal based on the GMC’s ‘Good Practice Guidance’.

The aim is for revalidation to be undertaken over a 5 year cycle and Paediatric Cardiologists will need to gather supporting information over this period. Most will be gathered as part of the annual appraisal process and any shortfalls will be identified at each appraisal so that these can be remedied during the process. It is anticipated that multisource feedback and patient/parent feedback will be obtained at least once during the five-year cycle.
The Medical Director of the individual trust will review the results of the five annual appraisals and the GMC will make the final decision to recertify the Paediatric Cardiologist.

The suggested framework for Paediatric Cardiology Revalidation has been developed. This is based on the RCPCH framework for revalidation and the GMC Good Medical Practice for appraisal and revalidation but incorporates the relevant elements from BCS guidance.

**Action:** Dr Martin will send the revalidation document to membership for comments. It will then be ratified and put on the website.

9. **BCCA Annual Meeting 2011/2012 (Alan Magee/Andrew Sands)**

The 2012 annual meeting will take place in Belfast, 15-16 November. The yearly reduction in sponsorship will be a challenge. It has been decided that the BCCA AGM requires a scientific secretary.

2012 will be the 100 anniversary of the launch of the Titanic and redevelopment is currently being undertaken in the Belfast dock area. It seemed appropriate therefore for the venue to be the Titanic Centre. The gala dinner will take place on the upper floors which will be transformed to look like the dining area of the Titanic. Details will soon be made available on the website.

The 2013 annual meeting will be held in Edinburgh and hosted by Dr Muhammad Walayat.

10. **CCAD (Rodney Franklin)**

- John Gibbs is in the process of stepping down as Chair of CCAD and will be replaced by Dr Rodney Franklin.
- 3 analysts will be recruited to cover the 5 CCAD databases.
- Split between adult and children’s data
- Look at 8 key bench-marked procedures and hope to start in 2012
- There was a meeting of the CCAD Steering Group in Cambridge on 22 September 2011
- Despite the problems, CCAD has developed over the last 11-12 years
- Rodney Franklin formally thanked John Gibbs for his work with CCAD
- The next meeting will be on Wednesday 29th February 2012 at the Royal College of Surgeons

11. **Scientific Secretary role (John Thomson)**

There have been discussions at Council regarding the scientific meetings and AGM, mindful that the meeting is expensive with no central financial direction. Costs and profits need to be scrutinised. The scientific programme does not have a central direction and therefore could be better co-ordinated over the years. Therefore council considered that a role was needed to specifically look at the AGM and make recommendations across the board. Dr Dirk Wilson (Cardiff) has been approached and has agreed to take on the role and it will be his responsibility to look at the AGM meetings over passed years and make recommendations across the board. However, the new scientific secretary role will have no impact on the meeting in Belfast in 2012.

12. **Safe and Sustainable paediatric cardiac surgery (Shakeel Qureshi)**

No developments. There is no further news on the paediatric programme.
13. Safe and sustainable ACHD review (Shakeel Qureshi/Tony Salmon)

At the last Advisory group meeting he attended, Dr Salmon pushed for proper terms of reference, which Professor Sir Roger Boyle has been looking at. Dr Kate English is ACHD representative on Council and five BCCA members are represented on the Advisory group. Dr English, on behalf of BCCA Council and the wider membership said she hopes to get more linkage between the adult and paediatric review. She expressed her anxiety about the dislocation of the 2 processes, and has reservations about BCCA supporting the review. Feedback is required on the terms of reference, draft standards and co-location. Council’s opinion is that if both reviews remain separate it will do a disservice to the adult cardiac service. The process is on-going. The next meeting will be in January 2012.

14. AOB

A question was asked as to how/why Professor Sir Roger Boyle was co-opted onto Council and what his role is within BCCA. It was explained by Professor Qureshi that Professor Sir Roger Boyle was co-opted as the Department of Health representative. His input has been very helpful and has proved to be a useful link to communicate with the higher echelons at the Department of Health. Professor Sir Roger Boyle retired recently and Council will be considering whether another person from DoH needs to be co-opted.

Condolences were sent to Azeem Ahmad (BCS) for the recent loss of his father.

Finally, Dr Salmon again thanked Professor Qureshi on behalf of the society for his commitment and energy over the last 4 years during his time as President and President Elect.

As there was no further business, the meeting closed at 18.55.