Our Mission and Aims

The British Cardiovascular Society is dedicated to the promotion of Cardiovascular health.

The BCS will:

> set standards of clinical excellence for the benefit of patients

> be committed to enhancing and maintaining the highest standards in training, education and research

> be the primary source of professional advice and advocacy in the prevention, diagnosis and treatment of cardiovascular disease, and engage with government, patient groups, research councils, funding bodies and industry

> deliver these objectives in collaboration with patients, the wider public, and partner organisations

The above objectives will be delivered at all times within an ethical framework based upon the public interest and professional integrity.
Officers of the Society

President
Prof Keith Fox
2009 - 2012

Honorary Secretary
Dr Charles Knight
2008 - 2011

Honorary Secretary Elect
Dr Bernard Prendergast
2010 - 2011

Vice-President Clinical Standards
Dr Derek Yellon
2010 - 2013

Vice-President Corporate and Financial Affairs
Prof Derek Yellon
2009 - 2012

Vice-President Education and Research
Dr Ian Simpson
2009 - 2011

Vice-President Education And Research Elect
Dr Sarah Clarke
2010 - 2011

Vice-President Training
Dr Jim Hall
2010 - 2013

Non-executive Trustee
Mr Graham Meek
2007

Non-executive Trustee
Mr Nigel Turner
2008

Non-executive Trustee
Mr John Carrier
2009

Staff of the Society

From left to right:
Jasdeep Bhamber
Azeem Ahmad
Steven Yeats
Dilowar Hussain
Wojtek Trzinski
Françoise Durrant
Anna Kassai
Catharine Mullin
Kelly Edworthy
Kristen Bradbury
Mary-Lou Pitts
Lulu Ho

CEO
Steven Yeats
Appointed 1998
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Affiliate Coordinator
Azeem Ahmad
Appointed 2007
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Anna Kassai
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Appointed 2005
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Head of Development
Kristen Bradbury
Appointed 2007
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Senior Exhibition Manager
Françoise Durrant
Appointed 2008
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Web Developer
Dilowar Hussain
Appointed 2006
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Resources Manager
Mary-Lou Pitts
Appointed 1997
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Finance Manager
Wojtek Trzinski
Appointed 2007
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A SUCCESSFUL ORGANISATION DEFINES ITS KEY OBJECTIVES, BUILDS PARTNERSHIPS, STRENGTHENS ITS INFRASTRUCTURE AND MEMBERSHIP, AND TAKES ON NEW IMPORTANT INITIATIVES. THE BCS HAS DONE ALL OF THIS, DESPITE THE CHALLENGING FINANCIAL CLIMATE IN 2010, AND THE ONSET OF A CHANGING HEALTHCARE ENVIRONMENT.

What have we done, and how have we done it?

For each of our key Divisions of the BCS the Vice-Presidents of the Society have not only set out strategic objectives but have also been able to implement the first stages of these plans – while also responding to all the external issues that impact upon cardiology. A huge tribute goes to the work of the BCS Executive and the respective BCS Committees. Without this personal effort and major time commitment none of the achievements would have been possible. Above all we must thank Steven Yeats and the staff of the BCS – we have a vibrant, busy and productive organisation!

What has the BCS done in 2010 for our membership and our Affiliated Groups?

Firstly, education: As can be seen from the detailed report from Dr Iain Simpson, Vice-President Education and Research, our educational strategy has been implemented and we held a vibrant and successful conference in 2010 with increased participation, despite the financial climate! We have done this by structuring the conference to directly meet the needs of our membership and Affiliated Groups. We have set out clear tracks in education and continuing professional development for trained specialists, dedicated sessions for trainees and an “innovation track” consisting of clinical, translational and basic science. Dr Simpson steps down as Vice-President Education and Training and we all admire his well-organised, efficient running of the Division, the far sighted strategic developments and his excellent Scottish wit! We are delighted that Dr Sarah Clarke will start her Vice-Presidency of the Education and Research Division having already made such an excellent contribution in the field of communications and education, having chaired the Communications and Education Committee for 4 years. We know that this Division is in safe hands and look forward to working with Sarah. Our BCS Annual Conference is fully in the 21st century: we have web casting, on-the-spot interviews, facebook and twitter links!

We have been successful in establishing a partnership with the British Heart Foundation to support first the basic science track of the BCS Annual Conference (linked to the British Atherosclerosis Society and the British Society for Cardiovascular Research) and following the increased attendance and success of this track we now have funding support from the British Heart Foundation for the clinical/translational science track in the conference.
This year, this not only underpins and strengthens our programme but also allows us to invite key international speakers. The second National Training Day in December was a great achievement with 1,400 delegates attending, and the BCS & Mayo Clinic Cardiology Review Course was again successfully held in March 2011, in association with the Royal College of Physicians. It had a record number of participants in 2010 with over 260 attendees. Such is the success of the Cardiology Review Course that we plan to embark upon a similar but shorter course with the Mayo Clinic to offer a more in-depth look at ‘Cases, Controversies and Updates’ in Cardiology.

Importantly for our BCS Annual Conference, we have worked with Affiliated Groups to develop highly relevant and integrated programmes. This is important to provide key information on who needs sub-specialty referral and what new developments impact on symptoms and outcome. Hence, the BCS Annual Conference aims to complement, not compete with, the individual conferences held by our Affiliated Groups.

Dr Jim Hall is Vice-President for the Training Division and we are delighted that he is also the Chair of the Specialist Advisory Committee in Cardiology. His training programmes are well developed and the extensive work of this Division is set out in the more detailed report. Knowledge Based Assessment: After the pilot programmes on Knowledge Based Assessment we will again run this exam in conjunction with the BCS Annual Conference and having learnt from the pilots we have ensured that the technical challenges have been fully addressed. Workforce planning is challenging, especially in the light of the planned healthcare reform, and a great deal of work has gone into ensuring that we meet the cardiology workforce needs for the medium and longer term, not just those of the immediate financial constraints.

The Clinical Standards Division, led by Vice-President Simon Ray has been very active. The Imaging Council is innovative and links a range of imaging modalities with the aim of defining common standards and devising the most appropriate pathways for investigating cardiology patients. Educational programmes from the Imaging Council are a key part of the BCS Annual Conference. A large part of the work of the Clinical Standards Division involves guidelines and practice reviews. Through the hard work of these Committees the Map of Medicine Pathways have been substantially revised and improved, and this work is conducted in conjunction with the Royal College of Physicians. We see the Maps of Medicine as increasingly important, alongside NICE guidance, in providing a “tool box” for new healthcare commissioners.

At the BCS Annual Conference in 2011, Charles Knight will step down as Honorary Secretary and we owe him a huge debt of gratitude for all his work behind the scenes. Our membership numbers have grown to over 2,250 from 1,650 members in 2008, and we now have a more active voice in the public domain with important contributions from the Honorary Secretary and others in the Society. A huge thank you to Charles Knight!

Our Corporate and Financial Affairs Division has been expertly led by Vice-President Derek Yellon who steps down in 2012. Despite the turbulence of the past two years, as you will see from his report the BCS is in good financial health, we have managed to reduce our costs and diversify our income streams. This is a healthy position where income to the Society comes not only from membership subscriptions and the BCS Annual Conference, but also from our co-ownership of Heart, with BMJ Publishing. Heart continues to flourish and this is a real tribute to the editorial team and to Professor Adam Timmis. During the turbulent financial crisis Derek Yellon and the Finance Committee have sought expert external advice and guided us through this difficult time. Because of this, we can embark on the new initiatives set out elsewhere in the annual report.

Dame Carol Black stepped down as a Board member of the BCS in 2010 having served since 2005. We are very grateful to Carol for her insight, her wisdom and her really important contributions as a critical friend. The Board is vital in determining our future strategy and ensuring that we are on the appropriate track as a charity.

We are delighted that Roger Boyle has accepted our invitation to serve as full Board member of the BCS. He has already made important contributions to the BCS Council and we know that his input will be most valuable in the future.

We are continuing to strengthen links with the American College of Cardiology through a “twinning programme” with the California Chapter which provides access to very high quality courses and short-term attachments or “preceptorships”. A BCS/ACC Fellowship has also been appointed in advanced imaging with six months in Cedars Sinai Hospital, and six months in the UK (in the Royal Brompton Hospital for the first fellowship).

Finally, none of this would have been possible without the outstanding work of the staff at the BCS in Fitzroy Square! We have an excellent team and the output is far more than the sum of the individual parts. From all of us, very many thanks to Steven Yeats and the whole team!
BCS MEMBERSHIP:
>
> TOTAL MEMBERSHIP 2,250
>
> ORDINARY, NON-CLINICAL AND INTERNATIONAL MEMBERS 1,348
>
> EXTRA-ORDINARY AND HONORARY MEMBERS 330
>
> JOINT BCS MEMBERS 572

Membership
The British Cardiovascular Society currently has over 2,250 members; we continue to increase our membership year upon year through ongoing recruitment efforts. Our aim is to have a strong, extensive membership that represents the breadth of healthcare professionals working in cardiovascular healthcare. We have made special efforts to encourage all health professionals with an interest in Cardiovascular medicine to join BCS, through great value subscription rates, joint membership with Affiliated Groups and a simpler application process. We have recently set up a new ‘Starter’ BCS Membership for those doctors with an interest in cardiovascular medicine who are not yet eligible for the BCS/BJCA Joint membership (i.e. not yet in Specialty Training St3).

Membership of BCS represents outstanding value for money for those working in cardiology. The membership package, shown below, is regularly reviewed and we seek out extra membership benefits, such as discounted hotels in London and discount on Oxford University Press publications (notice of these benefits is included in Members homepage on the BCS website).

All BCS Members receive the following benefits:
>
> Free access to Heart Online
>
> A discounted subscription for the bi-monthly journal Heart, a peer review journal for health professionals and researchers in all areas of cardiology
>
> Free access to the web tool CardioSource in collaboration with the ACC, which offers research, information, ongoing clinical trials, and news regarding cardiovascular health
>
> Free registration for the BCS Annual Conference (if you register in time for the early-bird fees)
>
> Reduced rates for BCS Courses
>
> Regular e-bulletin with the latest news from the field of Cardiology
>
> Automatic membership of the European Society of Cardiology

As the voice for those working in cardiovascular health, science and disease management in the UK, BCS aims to promote and support the healthcare professionals who work in cardiology. BCS membership can give our members significant professional support, including:
>
> Professional representation with the Royal College of Physicians and Department of Health
>
> Support for ACC/AHA Awards
>
> All notices and communications of the Society
>
> The option to stand for nominated BCS positions
>
> Full participation in business meetings and voting rights

Our Members’ area of the BCS website has been developed to help BCS Members to:
>
> make contact with other members through a members directory
>
> access restricted documents
>
> discuss issues of interest in the discussion section
>
> access current membership offers, such as reduced rate on the ESC Online Textbook

Future development of the Members’ area will see the inclusion of more educational resources, such as course materials and online courses. We believe that these benefits will encourage an active and diverse BCS membership over coming years, strengthening the Society and improving cardiovascular healthcare.

Press Office
The BCS Press Office continues to deal with enquiries from an array of media professionals. We have a bank of BCS Members who have offered their services for answering specialist press enquiries. Most of the more general enquiries BCS receives are handled by the Honorary Secretary and the Vice-President Education and Research. In 2010 over 50 press enquiries were dealt with from the Daily Express, the Daily Mail, the Times and Times Online, the Guardian, the New Scientist, BBC News, and a variety of trade magazines. BCS Members also contributed to research on Panorama, Channel 4 Films and live interviews for BBC Radio. The BCS Press Office can be contacted on press@bcs.com or 0207 380 1901.

Associated Groups
A new category of relationship between BCS and other groups has been approved by the Board. This enables smaller groups to be associated with BCS without having to provide all the requirements for full affiliation. We are delighted that the British Heart Valve Society is now an Associate Group of BCS.

I would like to take this opportunity of thanking all my colleagues at BCS for a most enjoyable 3 years as Honorary Secretary and to wish my successor Bernard Prendergast every success in the role.
2010 has seen BCS increase its productivity across all of its domains. Each vice-president has determined a strategy for their division, which has in turn led to an increase in workload for all members of staff. Proper planning is essential at these times, and I am happy to convey that the team at Fitzroy Square were able to organise their work schedule to accommodate this.

A new development over the last 6 months is the educational section of the website. Dr Sarah Clarke has worked closely with Dilowar Hussain in creating what we hope is an easy and intuitive area for the dissemination of educational material delivered throughout the UK. Once it is launched in summer 2011, Members will be able to search on a curriculum topic, or in a particular region of the UK and see all the BCS endorsed/approved material available whether it is a pdf download, webcast stream or a live event that they can register for.

In 2010, BCS has further increased its educational portfolio (as detailed in the Vice President Education and Research report on page 22), and the number of courses that we run has increased significantly since the initial BCS & Mayo Clinic Cardiology Review Course was set up in 2009. By 2012, we will be running eight annual courses a year in addition to further online educational resources being made available for our members.

We continue to increase the services offered to the Affiliated Groups that we run administration for, and are grateful to all staff involved. We are able to offer an expanded range of services to these Affiliated Groups, including members’ database management, collection of annual fees via direct debit, website design, and a fully integrated registration system for conferences and meetings.

Once again the staff at Fitzroy Square have excelled. The work of the Society could not be achieved without the dedication of all at Fitzroy Square, and I would like to congratulate them on another efficient and productive year. Well Done!
Clinical Standards Division
Vice-President: Dr Simon Ray

Revalidation
The implementation of revalidation has been delayed for at least a year and it is now planned to commence in 2012 to allow more time for pilots of strengthened appraisal. The Clinical Standards Committee has responded on behalf of the BCS to the GMC consultation on revalidation and has sent evidence to the Parliamentary Health Select Committee’s review of the GMC’s proposals. We are continuing to work with the Affiliated Groups to identify sub-specialty specific quality measures that could be used as supporting information. The key principle underlying our proposals is that revalidation should require a minimum of additional data collection and that, wherever possible, supporting information should be based on routinely collected data from national audits. We are lobbying hard to try to ensure that the process does not become excessively cumbersome.

Workforce Issues
Accurate figures for workforce planning have taken on a new importance with the financial pressures facing the NHS and the perceived pressure for a reduction in the number of trainees. Existing data from the RCP and the Centre for Workforce Intelligence (CfWI) differ substantially in their estimates of the number of consultant cardiologists in post. In an attempt to remedy this and to gain more accurate information, the BCS is undertaking a survey of cardiac networks. Information from this survey will be used in modelling the future demand for cardiology posts in tandem with the findings of the Working Group on the Future of Acute Cardiac Care. We are continuing to work with both the CfWI and the RCP Workforce Unit to ensure that workforce planning decisions about Cardiology are based on reliable data.

The Future of Acute Cardiac Care
The Division has set up a Working Group chaired by Dr David Walker to examine the future of acute cardiac care. It was convened in response to concerns that the traditional role of the coronary care unit was being altered by the development of primary PCI. Its remit is to advise on the future provision of acute care given the changing management of many cardiac conditions and the growing body of evidence that patients with cardiac problems do better if treated by specialists. The group comprises representatives from a wide range of stakeholders and will produce a preliminary report for the BCS Annual Conference in June 2011.
> Dabigatran etexilate for the treatment of acute venous thromboembolic events
> Clevidipine butyrate for the treatment of acute hypertension
> Bivalirudin for the treatment of myocardial infarction
> Hypertension
> Management of VTE
> Clopidogrel and modified-release dipyridamole for the prevention of occlusive vascular events (review of Technology Appraisal No. 90)
> Lovastatin for the prevention of cardiovascular events due to hypercholesterolaemia
> Rivaroxaban for the prevention of cardiovascular events due to hypercholesterolaemia
> CG48 - MI: secondary prevention
> Stable Angina

Committee Membership

Several members of the Clinical Standards and Guidelines and Practice Committees are stepping down this year and I would like to thank them for their input into the work of the Division:

> Clinical Standards Committee: Dr Jim McLenachan and Dr Adam de Belder
> Guidelines & Practice Committee: Dr Mike Norrell

Corporate and Financial Affairs Division

Vice-President: Prof Derek Yellon

2010 WAS CHALLENGING FOR THE SOCIETY. THE BCS FINANCES WERE LARGELY AFFECTED BY THE TURMOIL IN THE FINANCIAL MARKETS OVER 2008 AND 2009. FOR THAT REASON IN 2010 WE FOCUSED ON SECURING THE SOCIETY’S FINANCIAL FUTURE AND ENSURING LONG-TERM FINANCIAL STABILITY. We HAVE MANAGED TO ACHIEVE THIS THROUGH WELL BALANCED LONG-TERM PLANNING, INCREASING AND REVIEWING OUR INVESTMENT PORTFOLIO AND FOCUSING ON DIVERSIFYING OUR INCOME STREAMS.

Both our investments and Annual Conference income are dependent upon the condition of the industry, hence the need for us to take a long-term view combined with a good understanding of the markets to ensure a stable financial future. At present, the Society is in good financial health and is well positioned to face any future challenges and risks associated with its growth.
Despite the overall challenging circumstances the BCS has managed to close the financial performance of 2010.

2010 Financial Performance

The finances of BCS are overseen by the Finance Committee, chaired by the Vice-President Corporate and Financial Affairs. In 2010 the term of Dr Ian Hutton, an elected member of the Committee, came to an end and we thank him for his important input into the financial management of the Society over a number of years. Following the June 2010 elections, we welcomed a new member to the Committee, Dr Michael Cusack, whose financial expertise and knowledge will assist the BCS over the coming years. Since 2010, all Finance Committee meetings are attended by the Vice-President Education and Research Division, Dr Iain Simpson. The Committee continues to receive invaluable advice from two Non-executive members, Mr Graham Meek and Mr Tony Satter. Currently the Committee has nine members, including the President, Prof Keith Fox. The meetings are also attended by the Auditors and a representative from our investment management company, Rensburg Sheppards. Internal financial reporting is provided by the CEO, Mr Steven Yeats and the Finance Manager, Mr Wojtek Trzciński.

In December 2010 we decided to appoint new Auditors. We short-listed and interviewed 3 companies and selected Sayer Vincent as the company most appropriate to our needs. Sayer Vincent is a specialist firm of consultants and auditors that only work with charities and social enterprises and have over 25 years of business and charity experience. They have a positive view and believe that future years will see the conference flourishing financially, however, at the same time we are realistic and do not expect that the conference contribution to the Society finances will return to their pre-2007 peak in the near future.

Membership

Membership income remains at a stable level of £390k, a minimal increase of less than 1% from 2009. The investment in the journal has proved a profitable venture that provides the Society with a stable independent income source. Although the Society representatives are involved in the scientific input into the journal, the day-to-day financial management is delivered by BMJ Publishing who have extensive expertise in the field of medical journals. The management meeting of the Heart journal is attended by the BCS President, Vice-President Corporate and Financial Affairs, and the Chief Executive Officer. It is also expected that the 2010 profit share (to be received in 2011) will have a further 10% increase to over £280k.

BCS Annual Conference

The conference income has dropped substantially, as expected, due to the financial difficulties affecting the Pharma and Device industry over 2008 and 2009. There were large cuts to marketing budgets in 2010 for most of the pharmaceutical industry partners that supported the BCS Annual Conference over the years. The overall conference income dropped by almost 30% and despite managing to cut budgeted expenditure by 15% at short notice, the total drop in operational profit was over 45% from £253k in 2009, to £136k in 2010. To secure a continuing profit from the conference we are seeking additional income from new avenues. BCS has diversified the offer for industry to support the conference not only through the exhibition space but also through various sponsorship schemes and symposia. In addition, we have partnered with other Specialist Societies in the field to incorporate their annual meetings into our event helping to reduce each organisation’s overall costs. The BCS is investigating other forms of support such as grants from larger charitable bodies, to support the BCS Annual Conference in the future and ensure its high standards are able to be maintained. We have a positive view and believe that future years will see the conference flourishing financially, however, at the same time we are realistic and do not expect that the conference contribution to the Society finances will return to their pre-2007 peak in the near future.

Membership income remains at a stable level of £235k, a minimal increase of less than 1% from 2009. The investment in the journal has proved a profitable venture that provides the Society with a stable independent income source. Although the Society representatives are involved in the scientific input into the journal, the day-to-day financial management is delivered by BMJ Publishing who have extensive expertise in the field of medical journals. The management meeting of the Heart journal is attended by the BCS President, Vice-President Corporate and Financial Affairs, and the Chief Executive Officer. It is also expected that the 2010 profit share (to be received in 2011) will have a further 10% increase to over £280k.

Heart

Our Heart journal income received in 2010 was £235k, a stable 10% increase from 2009. The investment in the journal has proved a profitable venture that provides the Society with a stable independent income source. Although the Society representatives are involved in the scientific input into the journal, the day-to-day financial management is delivered by BMJ Publishing who have extensive expertise in the field of medical journals. The management meeting of the Heart journal is attended by the BCS President, Vice-President Corporate and Financial Affairs, and the Chief Executive Officer. It is also expected that the 2010 profit share (to be received in 2011) will have a further 10% increase to over £280k.

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Affiliated Groups

In 2010 BCS continued to support its Affiliated Groups, in particular providing administrative services for BACPR, BANCC, BCIS and HRUK in exchange for a small contribution towards the costs involved. We also provided, free of charge, administrative services for the patient group HCP (UK) and junior cardiologist group BJCA, as both groups received no independent income in 2010. Our total income received in 2010 from Affiliated Groups was just over £40k. This income went some way to paying the outgoings that BCS incurs in providing administrative services for Affiliated Groups. It should be noted that the income received does not cover the full cost to BCS in providing these administrative services, however, BCS is committed to supporting its Affiliate Groups so has vouched to continue to absorb the excess costs incurred.

Education

The ongoing BCS education initiatives started in 2009 are proving very successful. Since 2009 they have made an important contribution towards the income for the Society. In 2010 we ran a Cardiology Review Course, an exam (the KBA) and a National Training Day. Our total Education income for the year was £210k against £140 expenditure, resulting in operational profit of £70k. It is our policy to reinvest all profit from educational activities into the development of new and existing education initiatives. It is also important to mention that we continue to run our exam, the KBA, at cost to ensure that the fees for trainees taking the exam are as low as possible; BCS does not make a profit from running this exam.

Core Costs

The core costs of the Society include administration and property expenses, subscriptions and external conference attendance costs, and professional fees. In 2010 the BCS total administration and property expenses dropped by approximately 5% from £692k to £658k. Over 70% of the administration costs are represented by wage costs. The BCS employs 11 members of staff at its Fitzroy Square offices. The subscriptions and external conference attendance costs, including direct membership costs of electronic subscription to CardiSource and Heart, the contribution to the World Heart Federation, as well as ESC and ACC Annual Conferences attendance have increased by 3.5%. This was mainly due to an increase in Heart subscription costs and foreign currency fluctuations (the weakening of the British pound had a negative effect). Our professional fees expenses have dropped by over 15% mostly due to the fact that with the conference management and expertise in-house, we opted out of using external consultants. The BCS continues to carefully scrutinise its core costs expenditure to ensure that we receive the best value for money in all services and we are able to guarantee our members that their funds are spent responsibly in their best interest.

Investments and Reserves

The BCS Investment portfolio was valued at year end, 31 December 2010, at £2.19m. In 2010 we have inserted an additional £200k into the portfolio and reviewed our benchmark policy. In mid-2010 a new customised benchmark was agreed of 18% fixed interest, 50% UK equities, 25% overseas equities, 3% properties, 2% alternative assets and 2% cash. It is believed that this new allocation will aim for a balanced return between income and capital growth through a diversified portfolio of equities, cash and fixed assets. Overseas equities are invested through collective investment schemes but UK equities and bonds are primarily invested directly into individual issues. Income is currently accumulated with the portfolio.

In the latter half of 2010 unrealised portfolio gains were £362k against unrealised losses of £143k in the first half of the year, resulting in overall unrealised gains for the year of £219k. The BCS also received £40k in dividends that were accumulated within the portfolio. The Executive and Finance Committee were satisfied with the current level of the investment and return on the portfolio in 2010. These funds are currently held by the investment bank, independent from day-to-day operational funds, and provide a long-term reserve helping to hedge against future changes in the income streams and giving the Society the opportunity to respond quickly and effectively to any changes in the financial environment that may have an effect on the Society’s financial situation in future. The BCS investment portfolio is managed by Rensburg Sheppards Investment Bank.

Fellowships

In 2010 BCS did not secure any new fellowship funding so we were unable to award new fellowships. However, we continued to support two BMS/BCS fellowships committed to in previous years. Our total expenditure on fellowships in 2010 was £97k, which was due to the kind support of Bristol Myers Squibb. Dr Sirker’s three year fellowship came to an end, but we will continue funding Dr Monfredi through 2011, with BMS support. We also received an additional £25k to match the same amount received in 2009 from the Swire Trust in order to support trainees gaining experience in Advanced Cardiac Imaging at the Cedars Sinai Hospital, USA. These funds were matched by $12k received from ACC who are partnering BCS in this new initiative. Some of these funds have already been distributed to the first trainee participating in the scheme, Dr Ronak Rajan. The Society is extremely grateful for the valuable support received from both BMS and the Swire Trust.

The above figures have not been audited and are included to provide a more up-to-date picture of the Society’s financial affairs.
Education and Research Division
Vice President: Dr Iain A Simpson

THROUGHOUT THE LAST YEAR, THE EDUCATION & RESEARCH DIVISION HAS BEEN FOCUSED PRIMARILY ON DELIVERY OF THE BCS EDUCATION STRATEGY AND THE ANNUAL CONFERENCE. EDUCATION IS ONE OF THE DEFINING BCS STRATEGIES AND IT MAY NOT BE WIDELY RECOGNISED THAT THE BCS SPENDS AROUND £750,000 ANNUALLY DELIVERING THE BCS ANNUAL CONFERENCE AND ITS OTHER EDUCATION ACTIVITIES FOR THE BENEFIT OF MEMBERS, TRAINEES AND THE AFFILIATED GROUPS. THE BCS BOARD AGREED TO COMMIT THIS INVESTMENT TO EDUCATION WHICH HAS ALLOWED A MORE DIVERSE PORTFOLIO OF ACTIVITIES TO BE DEVELOPED OVER THE PAST FEW YEARS.

Education Strategy

The key to the BCS education strategy is to coordinate, develop and deliver high quality education for trainees in Cardiology and for our members many of whom are trained cardiologists facing the spectre of revalidation. A component of revalidation is likely to include a more structured demonstration of knowledge base and continuing professional development, areas the BCS can facilitate with quality education in a format tailored to the needs of revalidation. There is already a plethora of good education being delivered, mainly through our Affiliated Groups but also through Deanery programmes and other educational events. It is not the intention of the BCS to interfere with existing activities but rather to recognise their value, catalogue and where necessary facilitate their delivery, identifying gaps where BCS educational developments can be channelled. With the drive, enthusiasm and engagement of the Affiliated Groups, many of whom have already developed a similar educational focus for their subspecialty areas, we have been able to adopt a synergistic approach to our educational aspirations.

Much of our initial effort has been focussed on trainees, evaluating educational activities which underpin the training needs of the Cardiology Curriculum. To this end we have developed a category of “BCS Endorsed” educational activities which link directly to the Curriculum and fulfill certain key educational requirements, thereby allowing trainees to immediately recognise the most relevant educational programmes for training purposes. Mapping these not only to the Curriculum but also by geographic area will allow trainees to more easily coordinate and fulfil their educational needs.

Recognising that there are many excellent educational activities which may not be directed solely at trainees or cover areas directly linked to the Curriculum we have also developed a category of “BCS Approved” educational activities to distinguish these. Full details of the “BCS Endorsed” and “BCS Approved” criteria are available at www.bcs.com and we hope this will be a valuable resource for all our members, helping to support Trainees and trained Cardiologists as well as our many allied healthcare professionals in promoting excellence in Cardiovascular care.

Communication and Education Committee
Chair: Dr Sarah Clarke

Chaired by Dr Sarah Clarke, this is one of the busiest BCS Committees and is a key component for delivering the BCS Education Strategy. In addition, it has responsibility for the editorial content of www.bcs.com regularly populated by our group of sub-editors and also for the reporting and webcasting of the BCS Annual Conference, essential reading for those unable to attend.

The Committee has Developed and Delivered the following additional BCS Courses:

- National Training Days – There is a full National Training Day embedded in the BCS Annual Conference in Manchester and also an additional annual Training Day held in December at the RCP in London. The course in December 2010 was developed by Dr Mark Gunning and was extremely well attended with Deanery support and with excellent feedback

- Cardiology Review Course in conjunction with the Mayo Clinic – Now in its third year, this highly successful 5 day course is focused on providing a comprehensive review for Trainees especially those who are preparing for the Knowledge Based Assessment, held annually at the BCS Annual Conference. Dr Alun Harcombe for the BCS and Dr Peter Brady at the Mayo Clinic deserve huge credit for the development of this course which has attracted cardiologists from not only UK and Europe but from around the world

- Career in Cardiology – This already established course, developed by Dr Aung Myat, has recently become part of the BCS portfolio and is targeted at Doctors wishing to pursue a career in Cardiology with sessions on interviews, the application process, training, education and the sub-specialties in Cardiology.
The BCS also supports the “Essential Surgical Skills for Cardiologists” course run by the Royal College of Surgeons in conjunction with HRUK and BCS.

New Educational Activities

There are a number of new BCS educational activities currently in development. We are working with the NHS National Genetics Education and Development Centre, and the Specialty Advisory Committee in Cardiology to create an online educational programme on cardiac genetics to fulfil Curriculum training requirements. It is intended that this will be launched at the BCS Annual Conference 2011.

The Communications & Education Committee of BCS is currently supporting the BSCMR development of an online core training module in cardiac magnetic resonance imaging, which we plan to provide free of access to BCS Members in the near future.

Following the success of the Cardiology Review Course, in conjunction with the Mayo Clinic, we are now developing a shorter, more in-depth course called “Cases, Controversies and Updates” in Cardiovascular medicine. The first course will run from 26 to 28 September 2011 at the Royal College of Physicians in London.

We are developing a one day course “A Year in Cardiology” for both Trainees and trained Cardiologists to provide concise update on the key developments in research, guidelines and clinical practice from the preceding year. The first course will take place on December 14th 2011 at the Royal College of Physicians in London.

Finally, we are developing a one day course on Cardiovascular Research for those Trainees or Cardiologists wishing to conduct Post-Graduate research in Cardiovascular medicine. The first course will take place on April 27th 2012 at the Royal College of Physicians in London.

Details of all BCS Courses can be found on the Education section of the BCS website.

BCS Annual Conference

This year we have completely restructured the BCS Annual Conference to make it more fit for future purpose. With the development of clear programme “tracks” the Annual Conference has been redesigned to include an education track specifically targeted at facilitating the needs of future revalidation, covering the areas defined within the Cardiology Curriculum over a 5 year cycle with integrated formative assessments and certificates for members to support their revalidation portfolios. This track will include sessions on many of the contemporary guidelines and relevant clinical trials. We do not envisage that these will be the only session suitable for revalidation purposes but rather they will ensure that adequate coverage of all the areas specified in the Cardiology Curriculum over a defined time period.

This restructuring has also provided the opportunity to develop a clinical/translational science track within the Annual Conference, complimenting the established linked meeting held in conjunction with the British Atherosclerosis Society and the British Society for Cardiovascular Research. The linked meeting is supported by the British Heart Foundation and we are delighted that the BHF have also agreed to support this new clinical/translational science track. This will allow more international speakers to participate and, with the abstract sessions, Young Research Workers Prize and Michael Davies Award presentations embedded, this track will showcase the latest cardiovascular research.

With the new Imaging Track, National Training Day and the Affiliated Groups track, we hope there will be something for everyone at the BCS Annual Conference.

The Programme Committee is especially grateful to the Affiliated Groups for embracing the new Annual Conference structure and for their major contribution to its development, not only through the popular Affiliated Group tracks but with all the programme content.

Despite many national and international societies seeing a reduction in attendance at conferences, the BCS Annual Conference has continued to attract more delegates over the past few years and this encouraging trend is a testament to the work of the Programme Committee for the excellence of the programme content.

Manchester remains the most popular venue for the BCS Annual Conference with delegates and exhibitors alike and although we will on occasions try other venues it is likely that Manchester will remain a firm base venue for many future conferences.

It is equally important that the delegates see the BCS Annual Conference as an enjoyable event and we are keen to promote professional and social networking given the limited opportunities to do so in an increasingly time-pressured environment. The recent success of a more entertaining Annual Dinner would seem to indicate it is rapidly shedding its somewhat “stuffy” former reputation.

Academic & Research Committee

This committee, chaired by Prof Hugh Watkins continues to provide the BCS with advice on a variety of issues relevant to academic cardiology and Cardiovascular medicine, although many of these functions have now become embedded in other BCS Committees with
formal academic representation. Nevertheless, the Committee remains responsible for selecting the finalist for the Young Research Workers Prize presentations and for selecting the winner of the Michael Davies Award, chosen each year to celebrate the achievement of recently established, independent investigators who have made an outstanding contribution to Cardiovascular science with the winner presenting ahead of the Young Research Workers Prize finalists at the Annual Conference.

Simulator Working Group

We all recognise the potential for the use of simulation to provide a component of training in Cardiology procedural skills and indeed this has proved to be a very popular and successful part of “Education in the Exhibition” at the BCS Annual Conference in recent years, and a number of our Affiliated Groups have been exploring the use of simulators in a variety of subspecialty training. However, development of the sophisticated technology and software required to continue this evolution into established training and educational programmes which underpin clinical practice is both challenging and expensive. To better understand the future role of simulation and where the BCS and its Affiliated Groups should position themselves in this regard, we have formed a Simulator Working Group under the Chairmanship of Dr Kevin Fox, with Affiliated Group representation to address some of these important issues. In particular we have asked the group to review the strategic positioning of simulator based training and education and also to assess the potential roles and options for the BCS and its Affiliated Groups in simulator development, training and revalidation. It is expected that the findings of the Working Group will be presented at the BCS Annual Conference 2011.

As I come to the end of my tenure as Vice-President Education & Research, I would like to thank all those in the BCS and beyond who have made it such a rewarding experience and am confident that in Dr Sarah Clarke, my successor, the BCS Education & Research Division is in extremely safe hands and will go from strength to strength.
of training, set the number of training posts and oversee entry to specialist training as outlined in the Gold Guide (see www.mmc.nhs.uk). The BCS links with the SAC to provide the input from the Training Division into all these processes. This linkage will be crucial in order to maintain professional advice to the proposed further changes in 2011 and beyond.

Blueprint for Training - Cardiology Curriculum 2010

Training standards in Cardiovascular medicine are principally developed by writing the curriculum including its embedded assessment strategy. A key development in 2010 was the publication of an updated Cardiology Curriculum. The revised curriculum now includes new areas of practice such as Cardiac CT and also more emphasis on generic areas of good medical practice such as medical leadership. The 2010 curriculum can be viewed via the BCS website education area (www.bcs.com/education).

Assessment of Training - 2010

The key methods for assessing trainees’ competence are the workplace based assessments (WPBA). These are slowly embedding themselves in the Cardiology training culture and all trainers and Trainees are becoming adept at using directly observed procedural skills (DOPS), case based discussion (CBD) etc. There is in addition an MCQ exam the Knowledge-Based Assessment (KBA). A notable achievement for the BCS was the first sitting of the KBA for UK trainees held during the 2010 BCS Annual Conference in Manchester. The exam is for Trainees in the third year of Specialty Training (ST3). The BCS Training Division has been responsible for developing this exam in conjunction with the European Society of Cardiology and the BCS was responsible for its execution, lead by Kirsten Bradbury. As well as BCS members writing the questions as part of the ESC Task Force, there is a standard setting group for the UK KBA, led by Dr Rob Wright, that reviews the exam and sets the pass-mark. The BCS Training Division is committed to providing this assessment for our trainees as a validated method of assessing their knowledge and giving them a benchmark against which to test themselves.

Delivery of Training - 2010

Cardiology training is delivered by local education providers, i.e. cardiac departments within Trusts across the UK, grouped together to provide rotations within post-graduate deanery programmes. Consultant cardiologists up and down the country work with Trainees as clinical supervisors to coach them in specific cardiological skills but also as educational supervisors to mentor their career development. The BCS/SAC is involved in the training of clinical and educational supervisors. To supplement all this training the BCS Research and Education Division also provides a range of Curriculum based education. Some of this is embedded in the BCS Annual Conference whilst some occurs as standalone events e.g. the Cardiology Review Course, a partnership between the BCS and the Mayo Clinic.

Trainee Recruitment - 2010

Last year saw the introduction of a locally applied national template for the selection of applicants into higher specialist training. This process produced huge improvements in the efficiency of the processes of producing applications, shortlisting and interviewing for hundreds of aspiring Cardiologists. The national lead for several specialties was Liz Berkin and the lead for Cardiology was Ian Wilson. A huge effort was also made by training programme directors and their local specialty training committees. All cardiology posts were filled by suitably highly qualified applicants and all involved in the gargantuan task are to be congratulated (and asked to do the same again in the near future!).

The Role of Trainees - 2010

Interaction with trainees is one of the more rewarding aspects of a Consultant Cardiologist’s job and a major component of the BCS Training Division’s activities. The BCS has over 450 trainee members with joint membership with the British Junior Cardiologists’ Association (BJCA). From this membership there are Trainee representatives as key members of the SAC, the curriculum writing groups and standard setting group of the KBA. Feedback from the wider body of trainees is actively sought at the BCS Annual Conference on the opening Training Day and also informally at the many educational events.

Looking Forward

With the proposals for restructuring the delivery of postgraduate medical education and training outlined in a plethora of recent reports and consultation documents (Tooke report, Patel report, Developing the Workforce for Liberating the NHS etc) there is no doubt that the structures and the regulations surrounding training in Cardiovascular medicine will continue to change. However, the fundamental relationship between trained Cardiologists and their Trainees will not alter and the BCS Training Division will continue to strive for excellence in training in Cardiovascular medicine.
Women in UK Cardiology

Dr Rachael James

IT MAY TAKE YEARS TO EVEN OUT CARDIOLOGY’S GENDER GAP AND MAYBE AS LONG TO FULLY UNDERSTAND THE REASON FOR THE PAUCITY OF WOMEN IN THE SPECIALTY. THE FAMILIAR EXPLANATION OF ROLE MODELS AND FAMILY UNFRIENDLY HOURS ABOUND BUT WOMEN HAVE EMERGED IN NUMBERS IN OTHER SPECIALITIES WHICH WERE PREVIOUSLY MALE-DOMINATED, INVOLVING UNPREDICTABLE OUT OF HOURS WORK. CARDIOLOGY HAS MUCH TO OFFER AND TO SHOWCASE THE VARIED RESEARCH AND CLINICAL OPPORTUNITIES, I ASKED THE BCS TO SUPPORT A STAND AT THE NATIONAL BMJ CAREERS FAIR.

Cognizant of the importance of mentors to women, the team representing the BCS was formed by SpR and HR UK ambassador for EP Dr Fozia Ahmed, myself and Wojtek Trzcinski from BCS. The two day event in London proved a huge success, with numerous inquiries from would be Cardiologists and GP Trainees keen to develop an interest. One of the main issues raised was the relative competitiveness of Cardiology. The venture also enabled us to promote the educational opportunities of Affiliated Group meetings and the BCS Annual Conference.

Gender differences are not confined to Cardiology’s workforce. In 2010 I was asked to comment on the Access to Cardiac Care report and recommended further analysis in particular, to split the data based on gender. The subsequent findings suggested an under-representation of women for cardiac procedures and interventions in the older age groups. The apparent under-representation of older women with respect to ischaemic heart disease, despite the increased prevalence, will receive further scrutiny in the coming months through a planned collaboration with the clinical epidemiology unit at UCL London and the BCS.
Controversial theories of why women age more slowly than men, perhaps to ensure better health for reproduction, create excitement. It is gratifying that maternal health figures as a priority in the coalition's Public Health White Paper.

Ethnic minorities have made progress in their access to cardiac rehabilitation in NACR 2010, but women overall remain under-represented for their cardiac events sustained. Life control remains a challenge particularly for our poorer women, whose mortality lags in improvement behind other social groups in the Marmot review. Future commissioning of services, employing an audit based outcomes framework, should ideally tackle remaining inequalities further. The extent to which any increased resources are allowed to benefit Cardiac services over the next years will determine further progress.

Joint Working Group for Women's Heart Health

Chair BCS Joint Working Group for Women's Heart Health: Dr Jane Flint

THE 100TH INTERNATIONAL WOMEN'S DAY THEMED ON EQUAL ACCESS TO EDUCATION, TRAINING, AND SCIENCE AND TECHNOLOGY IS ESPECIALLY RELEVANT TO OUR FURTHER DISSEMINATION OF OUR KEY RECOMMENDATIONS FOR WOMEN'S HEART HEALTH AND PROGRESS. THE LAST YEAR HAS SEEN PRESENTATIONS TO THE WELSH CARDIAC NETWORKS, AND BRANCHES OF SOROPTOMIST INTERNATIONAL, TOWNSWOMEN'S GUILD AND WOMEN'S INSTITUTE. ARTICLES IN ‘GOOD HOUSEKEEPING’, BHF ‘HEART MATTERS’, AND ‘WOMAN AND HOME’ THROUGH THE YEAR HAVE RAISED KEY ISSUES.

Working with the British Heart Foundation Campaign Steering Group, a third national campaign to increase awareness of the 3 x statistic (1 in 3 women as 1 in 3 men die of cardiovascular disease) was launched in December with Victoria Wood’s ‘Angina Monologues’ show transmitted from the Haymarket Theatre, and repeated on Sky TV. I was pleased to be asked to address an All Party Parliamentary Committee with a female patient, and ask MPs to reach out to the more deprived and difficult to access groups in their communities with the help of the new BHF ‘Heart Disease in Women’ information booklet in which we are acknowledged. Look out for ‘Her at Heart’ and National Association of Women Pharmacists/ Medical Women’s Federation meetings during the next year.

Equality Duty in the NHS has seen our recommendation for diversity impact assessment of care pathways recognised as good practice. The increased use of functional imaging in diagnosis and risk assessment has been recommended by NICE. Gender analysis of our national audit registers has increased, and there is impressive international interest in gender-focused research messages. ‘TAXUS’ and ‘SPIRIT’ trials are appropriately encouraging more intervention when needed in women.

BMJ Report from Heart Journal

Editor: Prof Adam Timmis

The journal appears twice monthly and continues to flourish with an increasing international impact as reflected by an impact factor of 5.38 coming in to 2011. Other news includes:

- Appointment of Dr Sahidi Mohiddin as new Commissioning Editor
- New series of translational medicine and international registry reviews
- Submission rate for Original Research higher than ever at 1,400 per year, with acceptance rate static at 14%
- Other handling metrics remain favourable to authors with median time to first decision only 21 days (49 days for papers externally reviewed) and time from acceptance to publication only 2-3 weeks (online) and 3-4 months (paper journal)
Membership Costs

Current Membership Fees are:

- £220 + VAT for ordinary membership
- £140 + VAT if you do not hold clinics, e.g. you are a nurse, cardiac physiologist, basic scientist

We believe that BCS membership remains great value for our members. We continue to negotiate with our membership service providers to ensure that our costs can remain as low as possible, and to look for new benefits and services that members can make use of. The Honorary Secretary’s report gives full details of BCS membership benefits.

Joint Membership

Launched in 2008, BCS’ joint membership packages offer significant fee reductions whilst retaining the same BCS benefits that have proved so valuable to our members. Joint membership is currently available for:
- BJCA & BCS
- BANCC & BCS
- SCST & BCS

Joint membership is £100 for non-consultants and £300 for consultants or physicians (inclusive of VAT). To apply for joint membership, visit our website to download the application form. We hope to be able to offer further joint membership types in the future.

International BCS Membership

BCS is continuing its offer of International Membership for just £75 + VAT, which was launched in 2007. International membership is for those working in cardiovascular health, science and disease management outside of the UK.

Members Views

We are keen to listen to the views of our members. If you have a comment or query on your BCS membership you can email us at membership@bcs.com

Getting Involved!

The BCS is run for and with its members: our staff manage the day to day running of the organisation, but the strategic direction of the Society is set by the members who volunteer their time to take on posts in our Executive, Board and Committees. There are a variety of ways that you can get involved in the Society. Here are a few examples.
Elections
Each year, we run elections for the vacant posts in the Executive and Committees of BCS. We have historically achieved a great response to our elections with nominations coming through from across the UK for the available posts and the elections themselves show a healthy proportion of our members are keen to cast their vote.

With a history dating back to the 1920’s, BCS has been privileged to have had some of the key figures in Cardiovascular medicine on our Executive and Committees:

Network Service Advisors
The BCS Network Service Advisor role is to help with:
- assessing job plans for new Consultant appointments
- acting as college advisor on the appointments committee for the RCP
- providing advice and support on Revalidation (once it starts)

There are currently 39 Network Service Advisors, one for each Cardiac Network in the UK.

Web Editors
BCS News on our homepage is an ever popular section of our website, with articles regularly attracting a high number of viewers. We have a team of sub-editors from BCS SpR members recruited to write news items on relevant topics in Cardiovascular medicine. We hope these articles will increase our websites’ usefulness for Trainees and newly appointed Consultants. Articles have been received from the following 2010-11 sub-editors are:

- Aalia Opel
- Itilfat Fazal
- Sadia Khan
- Abdul Harneed
- Nabeel Sheikh
- Sam Groves
- Andrew Wiper
- Paul Williams
- Ben Szwejkowski
- Rhidian Shelton

Recent articles have included contemporary topics such as:
- Management of Atrial Fibrillation (AF): Where are we now?
- Apixaban as a novel alternative to aspirin to prevent stroke in Atrial Fibrillation: An AVERROES Philosophy?
- Point-of-care biomarkers early diagnosis of MI in the emergency department
- ACC/AHA focused update on the management of patients with atrial fibrillation (updating the 2006 guideline)
- TAVI Mind Your Head

BCS Annual Conference
Each year at the BCS Annual Conference, we have volunteer BCS SpR Members who take on the role of ‘roving reporters’. The roving reporters give overview reports on highlight sessions of the conference. These informative reports are held on the BCS website. If you are interested in becoming a roving reporter, contact us at enquiries@bcs.com

Archives
Our offices in Fitzroy Square hold some of the archives from our long history and beyond; we have displays that include some of the earliest Cardiovascular equipment, such as the first clinical electrocardiograph and one of the first ever pacemaker devices. We also have a wealth of historical texts on Cardiovascular medicine. Dr Arthur Hollman is the BCS Archivist and in recognition of his committed service to BCS, the archive collections have been recently named “The Arthur Hollman Collection”. Any member who wishes to view the collection or even make a contribution to them, can contact us on enquiries@bcs.com
Educational Spotlight sessions where the focus was on different topics, each fitting to a 90 minute session. These Spotlights were designed to be digestible education presented in a dynamic format and with robust evidence based take home messages.

A linked meeting with British Atherosclerosis Society and British Society for Cardiovascular Research. This joint initiative included hot topics and developments in cardiovascular research, the Young Investigator award and the BAS John French lecture.

Webcasts of the major sessions at the Conference are available for members to view on the BCS website (www.bcs.com).

Despite an increasingly pressured financial environment, BCS had a full Exhibition again. The Exhibition is a crucial component to the success of our annual event, enabling our delegates to keep up to date with innovative and developing technologies, pharmacology, diagnostic equipment, educational materials and more. In 2010, the Exhibition was further integrated into the programme with a greater number of educational activities held there across the three days, including:

- A variety of simulators giving attendees the chance to try their hand at PCI, Echo, EP, TAVI and patient simulators
- "Meet the Expert" sessions providing "snapshots" of good clinical advice in interesting or difficult areas of clinical practice, such as Pacing, VT Ablation and Aortic Valve Disease
- The ever popular "How to" sessions held in increased capacity theatres, including sessions on EP in the ER, imaging the Aorta, cardiac surgery risk, asymptomatic valve disease, and appraising clinical trials

As well as its great educational content, the BCS Annual Conference gives attendees a great opportunity to meet colleagues from other centres and hospitals to review and share experiences, and to enjoy a night at the BCS Annual Dinner! The Annual Dinner 2010 was sold out again in 2010, and was held at the Manchester Town Hall, with entertainment from magicians and a jazz band.
The educational content of the BCS Annual Conference is based on the new European Curriculum, and this year's Training Day will cover the following topics:

- Cardiac morphology
- Adult Congenital Heart Disease
- SAC update
- BCIS cases

The "How To" sessions which have grown in popularity each year, have been integrated into the main programme so that they can be held in the higher capacity theatres to accommodate the large audiences these sessions attract.

The BCS Exhibition will showcase the latest developments in Cardiovascular medicine and new technologies. Stands from over 80 companies from the wide arena of Cardiovascular medicine will be present, making our Exhibition the largest in Cardiovascular medicine in the UK. Following on from developments at last year’s event, the BCIA (British Cardiovascular Industry Association) will be having a dedicated BCIA Exhibition Area at the BCS Annual Conference 2011. This area will act as an ‘umbrella’ for its 50 BCIA members and take up approximately a third of the BCS exhibition area. The area will encompass the Simulators Area, a Lounge area and pavilion-style areas for BCIA members to have promotional materials.

The BCS Annual Dinner in 2011 is being held in the Midland Hotel on Tuesday 14th June. Due to their success at the 2010 event, we will again be having both the jazz band and magicians. Booking a table is now possible, and tickets can be booked online at the BCS website.

For details of the full programme and online registration and full details of the programme, go to www.bcs.com
Each year during the Annual Dinner, the President gives out the BCS awards which currently include:

- the Young Research Workers Prizes
- the Michael Davies Early Career Award
- the Mackenzie Medals

Michael Davies Early Career Award
This award is to honour researchers who have recently established themselves as independent investigators and who have made an outstanding contribution to cardiovascular science. The award is open for applications from clinicians and non-clinicians who have an affiliation with a UK institution. The award is £1500 with certificate and is a single award made annually. The 2010 Michael Davies Early Career Award was given to Dr Darryl Francis, London.

Young Research Workers Prize
This prize was established by the Society to recognise excellence among young researchers intending to pursue a career in cardiovascular clinical medicine or research. Since 2001, the prize has been awarded annually at the BCS Annual Conference and its winners reflect the diversity of research projects being submitted and judged. The 2010 Prize winner was Dr Adil Rajwani, with four runners up being Dr Resham Baruah; Dr Colin Cunnington; Dr Michael Cunnington; Dr Fu Slang Ng.

Mackenzie Medal
The Mackenzie Medal is awarded by the Society in recognition of outstanding service to British Cardiology. Two medals are given out each year, at the BCS Annual Dinner. The 2010 Mackenzie Medals were given to Prof Roger Boyle and Dr Peter Mills.
Arrhythmia Alliance (A-A)

Arrhythmia Alliance (A-A) is an international organisation, working to improve the diagnosis, treatment and quality of life for the millions of people affected by cardiac arrhythmias worldwide. A-A aims to promote heart rhythm disorders on the international health agenda, by providing information, support and advice to all those involved in managing the care of patients, from family and carers to medical and healthcare professionals.

2010 was a successful year for Arrhythmia Alliance. Our annual events experienced extraordinary support with a record number of 3,000 delegates attending the Heart Rhythm Congress and more than 2,500 activities for Arrhythmia Awareness Week. Through active presence at events and conferences internationally, increased media coverage and the global expansion of our projects and campaigns, Arrhythmia Alliance has seen a remarkable rise in the profile of the organisation.

This year, Arrhythmia Alliance has continued its success in establishing National Partners in Europe and other countries including Mexico, Argentina, Brazil, Uruguay, Chile, Australia, Russia, India and Canada. Together, this increasingly global collaboration is developing a unified health strategy. Roundtable meetings have recently been held to establish an International Medical Advisory Committee which will guide National Partners to raise awareness of cardiac arrhythmias and sudden death in their respective countries.

World Heart Rhythm Week (WHRW) 2010 saw more than 300 partners, organisations, affiliates and individuals from across the globe supporting the annual awareness event. Highlights from the week included a European survey on public perception and use of pulse checks, a ‘Know Your Pulse’ i-phone application and a world record for the number of people taking their pulse at any one time.

In 2011, World Heart Rhythm Week will be held from the 6th-12th June. In the UK, A-A will launch Heart Rhythm Week as the new name for Arrhythmia Awareness Week. The theme for the week will be ‘Putting Pulse into Practice’, as we continue to work towards routine pulse checks in primary care.

The fifth annual Heart Rhythm Congress was held at the Birmingham Hilton Metropole Hotel and exceeded expectations with over 3,000 delegates across three days. Patients’ Day, held on the Sunday, provided a unique opportunity for patients and carers to meet expert...
Reaching out to Affiliates

We have continued to develop stronger links with our Affiliates, especially the PCCS, BANCC, and BSH. All three of these Affiliates now have co-opted representation on BACPR Council. We now hold a joint annual business meeting at the BCS Annual Conference in addition to participating in joint symposia and sessions. Furthermore, we are engaging with each other at our respective Conferences. Following our highly successful Conference in Liverpool in October 2010, a feature of our 2011 Conference in Brighton will be our Affiliates given the role to either lead keynote sessions or parallel colloquia/symposia where they are directly involved in deciding on topics and programme content.

Engaging with the Members

The BACPR continues with its vision to reach out to its membership with more exclusive services and communications especially in website advances and higher quality newsletters and informative publications. This includes a pilot joint publication with the Canadian Association of Cardiac Rehabilitation, with the aim of bringing together an international publication focussed on sharing good “front-line” practice that is evidence-based.

Providing Relevant and Quality Education

Our Education department continues to develop a wider array of courses relevant to the future of Cardiac Rehabilitation and not just the exercise component. We now offer courses for lead clinicians and service managers on meeting Standards and Core Components, Psychology, Diet and with courses planned in the area of clinical and pharmaceutical management.

Meeting Standards and Supporting Quality Service Provision

Finally in 2010, we commenced a review of our Standards and Core Components, with key progress towards a new integrated framework, where Health Education and Behaviour Change hold a more prominent and central role that supports all other components (Lifestyle, Medical risk factors, Psycho-social and Cardio-protective therapy management). Three other highlights include the prominence of the importance of delivering cardiovascular disease prevention and rehabilitation programmes with a multi-

Arrhythmia Alliance held regional meetings in seven areas of the UK in 2010, with an average of 100 patients and medical professionals attending each meeting. Covering popular topics, the meetings were of great interest for both patients and medical professionals. In 2011, Arrhythmia Alliance has ten meetings planned in Liverpool, Southampton, Oxford, Reading, Carmarthen, Newcastle, Stoke-on-Trent, Birmingham, Leicester and Belfast.

The Restart The Heart initiative has proved successful both in the UK, and internationally. In Europe and South America projects are well underway to involve communities in placing these life-saving devices. In the UK, Arrhythmia Alliance has launched a Schools AED Project, working with local Ambulance Services and Community First Responders to offer AED and Cardio Pulmonary Resuscitation training to young students. As part of this project, A-A has developed a range of paediatric publications.

Arrhythmia Alliance has exciting plans for 2011 and will build upon previous successes to ensure the patient’s voice remains at the centre of everything that we do. Through international projects, campaigns and events we will strive to improve the diagnosis, treatment and care for patients with cardiac arrhythmias.

For further information, visit our website www.heartrhythmcharity.org.uk

British Association for Cardiovascular Prevention & Rehabilitation (BACPR)

President: Dr John Buckley

Name Change

Many developments have occurred in this past year with the BACPR. First and foremost has been the name change to the British Association for Cardiovascular Prevention and Rehabilitation. This development highlights a number of forward-looking elements, including: the changing of the word Cardiac to Cardiovascular and now reflects the same vision that the BCS took a number of years ago; and a name that more fully describes the Objects already enshrined in our 2004 Constitution by adding in the word “Prevention”. The word prevention includes both primary and secondary prevention that are clearly inter-dependent links with the traditional and highly evidence-based element of rehabilitation. The name also increases our shared visions with partners in Europe, North America and other countries of the Commonwealth who face similar health service challenges to ours.
We are planning to host our own national study event in spring 2012, organised with the ongoing valuable support of our colleagues at the British Journal of Cardiac Nursing, with whom we continue to work to develop access to academic and professional resources. Our contribution to the 2011 BCS Annual Conference is developed in partnership with BCS and the patient representative group, Heart Care Partnership UK (HCP (UK)) and will provide a forum for discussion of the future of cardiac care in the UK, a theme we will take forward at our planned national study event.

We continue to have strong and developing links with the Royal College of Nursing Cardiovascular Nurses’ Network, British Heart Foundation, British Association for Cardiovascular Prevention and Rehabilitation and other groups affiliated to BCS, and outside of the UK we continue to be well represented at the international events, such as the Council on Cardiovascular Nursing and Allied Professions (CCNAP) in Europe. The contribution of the Association’s membership to ongoing debate about the nature of the nursing contribution to Cardiovascular care is at the forefront of our work and it is through the Association’s membership that we continue to make a valuable national and indeed international, contribution.

For further information about the work of the Association, contact Jan Keenan, Acting President and Hon. Secretary via e-mail at bancc@bcs.com
Visit our website at www.bcs.com/BANCC

British Atherosclerosis Society (BAS)
Chair: Prof Dorian Haskard

THE BRITISH ATHEROSCLEROSIS SOCIETY (BAS) TRADITIONALLY HOLDS TWO MEETINGS A YEAR, IN SPRING AND AUTUMN. MEETINGS ARE HELD OVER TWO DAYS, AND ARE ATTENDED BY 100-150 DELEGATES. PROGRAMMES ARE CENTRED ON A THEME, AND AIM TO INTEGRATE BASIC SCIENCE WITH CLINICAL TRANSLATION.

In 2010 the BAS broke with tradition and held a combined meeting with the British Society for Cardiovascular Research embedded in the BCS Annual Conference (June 7th and 8th). The meeting, entitled “New Frontiers in Cardiovascular Research” was themed on systems biology, proteomics and metabolomics. The BAS John French Lecture was delivered by Dr Manuel Mayr (King's College, London). A joint BAS/BSCR dinner was held at the Stock Restaurant at the Manchester Stock Exchange. This highly successful meeting was made possible by generous support from the British Heart Foundation.
The infrastructure of BCIS is now organised into Working Groups that are chaired by individuals who hold formal seats on Council as part of that post. The task areas of focus for the groups include Clinical Standards, Professional Standards, Training & Education, Data Monitoring & Analysis, Programmes and Administration. The groups allow detailed focus in these areas by a dedicated small number of members, some of whom are being involved in BCIS activity for the first time. This fulfils one of our key aspirations which is to actively provide opportunities to involve enthusiastic and talented members of the Society in its machinery and activities. Specifically, Council have felt it appropriate to initiate a plan to target non-medical BCIS members for representation on the committees of these subgroups. The deliberations of each working group are formally fed back to Council for discussion by each of the Leads. At the time of writing we prepare for elections for a Lead for the Training & Education Group and for an Ordinary Council member. In relation to elections, as part of a sensitivity to the need for inclusivity, Council has decided to arrange a referendum to ask whether the electorate for the position of President of the Society should consist of the entire membership of BCIS, rather than being restricted to past and present Council members as it is now. This decision is pertinent because the election for the next President is in July 2011, with the intention of this giving the elected candidate some time to shadow Mark de Belder from this year’s autumn meeting until taking over at the AGM at ACI 2012.

In relation to the increasingly important process of peer review of new PCI centres, the Clinical Standards Group, led by Rob Henderson, has put much thought and energy into standardising the review process from the preparation for the visit, through the visit itself and especially with regard to the production of the final report. This process has now been adopted. Discussions are ongoing with regard to the formal status of BCIS peer review and indemnity: various options are being explored between the Society, Department of Health and Care Quality Commission. Furthermore, BCIS intends to initiate a systematic series of re-visits to sites that have had one visit to assess progress. There will be some focus on centres that fail to achieve their stated targets at the set up visits, particularly in relation to overall numbers and contribution to 24/7 rotas.

The 2010 Autumn meeting was held at St Catherine’s College, Oxford and included oral presentations on the topic of inflammation in atherosclerosis, posters, and the Hugh Sinclair Lecture (delivered by Professor Andrew Newby). The Michael Davies Young Investigator Award, which is sponsored by the BHF, went to Dr Simon Cuhlmann (Imperial College London) for a presentation entitled “C-Jun N-terminal kinase promotes endothelial activation at atherosclerosis-prone sites by enhancing expression of NF-κB transcription factors”.

The next meeting of the BAS will be another combined meeting June 13-14th 2011 in Manchester, embedded in the BCS Annual Conference.

Further details from http://www.britathsoc.org/
THE PAST 12 MONTHS HAVE BEEN EXTREMELY BUSY AND CHALLENGING FOR THE BCCA. THE LAST YEAR HAS BEEN DOMINATED BY THE “SAFE AND SUSTAINABLE” REVIEW OF CONGENITAL CARDIAC SERVICES WHICH IS NOW ENTERING ITS FINAL PHASE. THE ASSOCIATION HAS CONTRIBUTED HEAVILY TO THE CLINICAL AND SERVICE STANDARDS WHICH WERE, IN PART USED TO ASSESS CURRENT UK UNITS AND THEIR CLINICAL NETWORKS BY THE DH REVIEW TEAM.

Paediatric cardiac surgical services in the UK are probably the most scrutinised in the world and so we welcome the fact that under the intense spotlight of the review all UK paediatric cardiac surgical services have been found to be safe.

The issue moving forward, therefore, is that of sustainability of services, and how best to make them fit for purpose over the decades to come. The BCCA supports the central premise that there should be fewer surgical centres performing larger numbers of operations, but the devil, as always is in the detail and we are determined to ensure that the final recommendation reflects what is clinically important and perhaps most importantly, leaves us with a properly funded service configured in a way that will stand the test of time.

Aside from the review of services, over the past 12 months we have brought to a conclusion work on the “definition” and description of specialists working in adult congenital heart disease, part of our efforts, along with the patient support group to improve services for these patients. These definitions are now being used to inform patients of the nature and validity of services available to them.

Over the last 12 months there has been a very successful BCCA Annual Meeting in Winchester featuring an excellent programme lead by the team from Southampton. BCCA continues to contribute to the BCS Annual Conference and is fully supportive of the moves to alter the focus of the programme to reflect the needs of the majority of BCS members. As such our contributions for this year have been refined to better reflect the "real world" needs of those Cardiology Consultants and Trainees on the ground. We hope they are "fit for purpose" and we would welcome feedback from BCS members after this year’s meeting.
opportunities for UK Trainees. Several ESC educational grants were secured for our Trainees last year, with an even greater number expected this year.

The BJCA helped HRUK in its efforts to attract more female Trainees into advanced training in Electrophysiology and Device Therapy.

The BJCA pages on the BCS website have continued to be a valuable resource for Trainees. Information related to courses and events, clinical fellowship schemes, research opportunities, training issues and clinical practice guidelines is regularly updated.

For more information on the BJCA contact us on bjca@bcs.com or visit our website: www.bcs.com/BJCA

British Nuclear Cardiology Society (BNCS)
President: Dr Parthiban Arumugam

2010 has again been a very busy year for the society. We have had to deal with the aftermath of the NICE guidelines on recent onset chest pain and a summer of isotope delays. Nuclear cardiology services continue to develop and mature throughout the UK, with increasing interest in functional imaging overall, especially given the nice guidelines.

Our biggest success for 2010 was our new logo and website (www.bnacs.org.uk). It is now a modern, representative site that is useful for patients and professionals alike. The site has been designed to be intuitive and allow easy access of information. Please give it a try and let us know what you think.

We were delighted to host Prof Jeroen Bax (Leiden) at our AGM in London. A masterful presentation and discussion followed on the benefits of “Sympathetic Innervation Imaging in COP,”. The old and the new were face to face in our thallium vs rubidium PET battle with honours shared. Our first ever debate around the utility of Cardiac CT in chest pain patients provided an excellent opportunity for Prof Avijit Lahiri and Dr Andrew Kelion to declare their true colours around this emerging and complementary technology.

At the BCS Annual Conference 2010 we contributed to two imaging sessions, “Cancer and the Heart” with an excellent presentation from past president Dr Mark Harbinson on the thorny...
issue of monitoring patients during and subsequent to chemotherapy. Dr Simon Waldman contributed to the “Recent Advances in Imaging for prognosis in Heart Failure” session run by the Imaging Council.

The molybdenum shortage in the summer of 2010 focused minds throughout the world and has resulted in technological advances in gamma cameras, software reconstructions and a transient resurgence in the use of that old favourite, thallium. Reactor supplies are now stable and both governments & international agencies are looking into securing long term supplies.

The New Year brings new challenges. It is our 30th anniversary and we look forward to a retrospective at our AGM later this year. The International Congress on Nuclear Cardiology and Cardiac CT (ICNC) is held in Amsterdam this year and as always the program is excellent. We look forward to seeing you at our sessions at the BCS Annual Conference this year.

For further information, visit our website www.bsci.org.uk

British Society of Cardiovascular Imaging (BSCI)

President: Dr Roger W Bury

THE SOCIETY AIMS TO REPRESENT THE VIEWS OF RADIOLOGISTS AND CARDIOLOGISTS AT BOTH MEMBERSHIP AND COMMITTEE LEVEL.

Medicine is rapidly changing from the clear divisions of individual specialties to a merging of specialties into clinical teams that are able to provide the most holistic care for our patients. As a multi-modality Cardiovascular Imaging Society we are ideally placed to be actively involved in giving advice on Cardiovascular Imaging to the DoH, Royal Colleges, cardiac networks and individual hospitals.

The success of employing a professional administrator (BioMedEx) continues with the administration of the Society being further streamlined allowing the committee to focus on more pressing issues that we face. BioMedex has also allowed our website www.bsci.org.uk to be developed and provide useful information on Cardiovascular Imaging for both members and non-members. Contributions, such as interesting cases, are encouraged.

Our 2010 Annual General Meeting was held at the inaugural joint meeting of the Cardiology division of the Royal Society of Medicine (RSM) and the BSCI.

Over the last year the BSCI has made significant progress on a number of important ongoing imaging issues:

- Cardiac CT accreditation - a voluntary process to help individuals to ensure they are providing a high quality cardiac CT service in their individual departments
- BSCI was represented on the Cardiac Imaging Group initiated by Erika Denton
- Attended the All Party Parliamentary Group (APPG) on Heart Disease together with other members of the Cardiovascular Coalition
- Development for the provision of 6 fellowships (3 for radiologists & 3 for cardiologists) within the London Deanery
- Produced the BSCI guidance for Cardiovascular CT training for SpRs
- Provided an education session for the Dutch Heart Days meeting

The main issue still facing Cardiac Imaging, particularly CT and CMR is the lack of training opportunities. This applies to cardiology and radiology Trainees in both the core and sub-specialty curricula as well as established Consultants wishing to develop new areas of practice. February 2011 saw the second of our joint meetings with RSM to provide part of the Cardiology Curriculum with the second half to be presented in the autumn.

We look forward to a busy year ahead.

For further information, visit our website at www.bsci.org.uk

British Society of Cardiovascular Magnetic Resonance (BSCMR)

Chair: Prof Henry Dargie

THE BSCMR CONTINUES TO GROW AND NOW HAS NEARLY 150 MEMBERS.

The aims of the Society are to:

- promote clinical practice and research into Cardiovascular Magnetic Resonance (CMR) and to disseminate the useful results of such research
- further the advancement of education in CMR for the public benefit
We hold an Annual Society Meeting, and also contribute scientific and educational sessions to the BCS Annual Conference.

The 5th BSCMR Annual Meeting, held in London in March 2010, was another great success. The CMR Investigators’ Prize presentations and posters yet again evoked great interest, and the award winners were as follows: 1st: Dr Andrew Flett (London), 2nd Prize: Dr Joseph Suttie (Oxford), 3rd: Dr Monica Deac (London) and 4th: Dr Andrew Ludman (London).

The 6th BSCMR Annual Meeting will take place in Leicester on 16 March 2011, and will include the popular ‘Read cases with the experts’ sessions.

We were pleased to be involved in several sessions at the BCS Annual Conference in June 2010:

- Troponitis – not to be dismissed
- Recent advances in imaging for prognosis in heart failure
- Focused session on imaging of the post MI patient
- Imaging in valve disease

The Society will be involved again with sessions at the BCS Annual Conference in June 2011.

The BSCMR was, and continues to be, actively involved with a number of projects focusing on education, training and clinical practice, including:

- Involvement in the education for Trainees/new Curriculum
- Creation of a guideline on delivering a quality service by BSCMR/BSCI
- Membership of the BCS UK Cardiac Imaging Council
- Involvement with NICE guidelines
- Involvement in the development of a National CMR codes/tariff, providing advice to the DoH
- Development of CMR reference centres
- Re-launching of the BSCMR website
- Conducting an in depth review of CMR service provision in the UK through a national audit of all CMR centres

As always, we look forward to continuing our work for the UK CMR community next year.

Please visit our website www.bscmr.org for more about the Society and its projects.
Administration

BSE now employs three full time members of staff, covering Finance, the administration of the Accreditation processes plus general membership administration and management. In late 2010 we moved internally within the Docklands Business Centre to a larger office, with storage space and a small meeting room.

Finance

Members approved a motion to appoint new Accountants (Philips, Kobbs & Co) at the 2009 Annual General Meeting. A locally based company, they have been working closely with the Finance Administrator and the BSE Treasurer to ensure a better understanding of the accounts and financial requirements, as well as onsite training for the SAGE accounting system. All returns and accounts have been independently audited and submitted to the Charity Commission and Companies House by the required deadlines.

Education

The Committee has recruited more volunteers and published several guidelines in the last year, including echocardiography in mitral stenosis; assessment of patients with pulmonary hypertension, Marfan’s syndrome and hypertrophic cardiomyopathy. Production of Guidelines and Educational Tools will be an ongoing remit of the committee. In 2011 the Committee hopes to be able to reproduce the current guidelines into posters and A4 flip charts and will be seeking sponsorship to distribute them to every NHS department (as was done previously with the Normal Values posters). The committee also has a small team working on producing iPhone applications for echocardiography.

Departmental Accreditation

BSE were fortunate to receive sponsorship from the British Heart Foundation to develop a new website for Departmental Accreditation (www.accredityourdepartment.org). Phase one of the project was launched in May 2010 and departments can now register and complete the application forms online. Future phases will include re-accreditation of departments, an online quality assurance programme and eventually individual accreditation.
13th Annual Autumn Meeting 2010

This key event in the BSH calendar continues to grow and this year we were delighted to welcome around 420 participants from a range of disciplines, and 18 exhibitors. The audience included the highest ever number of BSH members, as well as some international delegates. It was held on 25–26 November at the Queen Elizabeth Conference Centre in Westminster, London, and the theme for the meeting was ‘Practical issues across the lifetime of heart failure’.

The primary aim of the meeting was to suggest ways in which patient care can be improved by focusing on practical issues in the management of heart failure patients. It began with an examination of how the introduction of the new NICE guidelines on CHF will impact the diagnosis of patients with heart failure and then looked at the current and future management of heart failure and the identification of high-risk patients. Day two started with an assessment of how the new NICE guidelines will affect the management of patients in primary and secondary care in the UK, and then went on to discuss unmet patient needs and how to address them. The meeting closed with the examination of a few unusual case studies in heart failure and a lively debate on the benefits of treating chronic coronary artery disease in heart failure. There was much interaction from the audience throughout the two days, and the feedback from delegates was positive.

A report from the meeting has recently been published as a BSH newsletter (issue 27 - available on the BSH website, www.bsh.org.uk) and articles have been submitted to several relevant journals.

British Society for Heart Failure (BSH)

Chair: Prof Theresa McDonagh

The past year has once again been busy for the society, with the 2nd medical training meeting in April 2010, sessions at the BCS Annual Conference 2010 and the two-day annual autumn meeting in November 2010, newsletters, journal articles and, importantly, input to the nice chronic heart failure (CHF) guidelines update. We were also involved in generating interest and activities surrounding the first pan-European heart failure awareness day, which was held on 7 May 2010 and was embraced with much enthusiasm by the BSH members.
A report from these meetings was published as a BSH Newsletter (issue 26), and circulated to members, and is also available on the BSH website.

**BSH Training Meeting 2010**

This new event in the BSH calendar in 2009 was repeated with another very successful meeting on 21 April 2010. The training days are specifically designed for SpRs to meet the educational needs of the heart failure component of the core Curriculum in Cardiovascular medicine, as well as the needs for advanced training in heart failure. It also provided a comprehensive overview of heart failure for Trainees in internal medicine and care of the elderly, and GPs.

This one day meeting was held at the National Heart and Lung Institute and attended by around 70 participants. The meeting was highly valued by those who attended, who again felt the quality of the programme and calibre of speakers was extremely high.

There was strong interest from participants for the meeting to be repeated in future years, and with the equally strong demand for a training day designed specifically for nurses, we were delighted to start planning for both a Medical Training Meeting and Nurse Study day to be held in February 2011.

**Initiatives and collaboration with other groups**

In addition to our meetings, the BSH has again been involved in a number of important initiatives and collaborations during the past year, including:

- **The National Heart Failure Audit:** The audit is now over three years old and remains an extremely important initiative for the BSH. It was developed jointly by the BSH and The NHS Information Centre for health and social care (The IC), by whom it is managed, and was commissioned by the Healthcare Quality Improvement Partnership (HQIP).

  The national audit provides information on heart failure treatment across the UK. It consists of 36 core data items including patient profiles, length of hospital admission, interventions, medication and outcomes and reflects national guidance on the care and treatment of patients with heart failure. The heart failure database provides users with immediate feedback on data quality.

  The audit is providing reliable information to help clinicians, boards and commissioners to continually measure and improve care by comparing services to specific standards and national trends. Information will also help patients make informed decisions about their care and treatment.

  During the year, the BSH continued to input to the strategy of the audit and helped review results from it, as well as continuing to encourage participation in the audit by members and others via mailings, membership information, the BSH website and at conferences.

The third report on the audit was published in December 2010 and is included as a link under the ‘Resources’ section of the BSH website, www.bsh.org.uk

**Heart Failure Awareness Day – 7 May 2010:** The BSH encouraged members to organise a wide range of activities, from coffee mornings and offering blood pressure measurements to lectures for patients, their relatives and the public about heart failure, hospital open-house sessions and press activities.

BSH provided a poster for members to download and print, to advertise the Heart Failure Awareness day, including the symptoms of heart failure and a web address for further information, for display in hospitals, GP waiting rooms and elsewhere.

The response from members was excellent with a wide range of activities taking place throughout the country. The activities were compiled into a report which was submitted to the Heart Failure Association (HFA) of the ESC, and the BSH was delighted to have been selected to win an award in recognition of the efforts made in the UK.

The society continued its active involvement in a number of initiatives and collaborations with other organisations, including:

- Action on Smoking and Health (ASH)
- British Cardiovascular Society (BCS)
- Cardio & Vascular Coalition (CVC)
- Glasgow Caledonian University: Heart Failure Management module
- Heart Failure Association (HFA) of the European Society of Cardiology (ESC)
- NHS Clinical Knowledge Summaries
- NHS Evidence – Cardiovascular Library – update on heart failure
- NHS Quality Improvement Scotland – clinical standards for heart disease
- NICE
- 4th Annual Scientific Cardiorenal Forum Meeting

We would like to thank our members for their continued enthusiasm, input and participation in activities during the year, and the Friends of BSH for their generous and loyal support.

For more information on the above projects and future plans, please see the BSH website www.bsh.org.uk or contact the BSH Secretariat on info@bsh.org.uk
British Cardiovascular Society. Annual Report 2011

Heart Care Partnership (UK) (HCP (UK))
President: Ken Timmis MBE JP LCIE

SINCE I LAST REPORTED OUR ADMINISTRATOR, LULU HO, HAS TRANSFERRED HER AFFECTIONS TO OTHER AFFILIATED ORGANISATIONS AND OUR TRUSTEES HAVE MADE A SMALL PRESENTATION TO HER AND WISH HER WELL IN HER REVISED SPHERE OF ACTIVITIES. HER HCP PENCIL AND NOTEBOOK HAVE BEEN ABLY PICKED UP BY CATHERINE MULLIN WHO DID NOT TAKE LONG TO GET USED TO OUR PECULIARITIES AND IS ALREADY FITTING IN WELL TO OUR ORGANISATION.

We have updated our Business Plan for the next three years and this has been signed off by the Trustees. I hope that we can now press for sponsorship and organise conferences for our members. We have produced a Cardiac Outpatient Consultation Booklet to act as an aide memoire for both patients and clinicians in preparing for those all important and all too often short interviews. We plan to follow this up with stroke and paediatric versions.

Our founding Trustee, Dr Jane Flint continues to champion Women’s Heart Health issues as well as maintaining pressure on Cardiac Rehabilitation at every opportunity. The BHF campaign with Victoria Wood and “Angina Monologues” was popular and a new booklet on Women’s Heart Disease will be soon going out for referral. Jane appeared in a full page spread in a popular national women’s magazine at the turn of the year, a good read for those who were snowbound at the time. She is preparing a further article for them on rehabilitation and women’s health and is hoping to do a report for the WHF Working Group re the BHF campaign contribution.

Our Past President, David Geldard MBE, continues to travel up and down the country for meeting after meeting, which leaves me breathless. He is specialising for the team in Cardiothoracic Surgery, leaving me to cope with the Cardiology side of our work, a split of activities which is proving advantageous to us both. We often join forces in our efforts to improve Cardiac Rehabilitation uptake across the nation, both of us having been involved on the reference group to inform the development of the Cardiac Rehabilitation (CR)

Commissioning Pack, chaired by Professor Patrick Doherty, Chair of Rehabilitation, York St John University. This pack was completed and published and I hope that the new coalition government takes notice of it, especially as the commissioning element of the NHS is being transferred to GPs. David continues to embrace the sexual activity concerns of heart patients within his remit.

Our Secretary, Carol Reilly continues to work tirelessly in patients’ interests and her Black Country Patient and Carer Cardiac and Stroke Training Programme has gained recognition outside the Black Country boundaries and has prompted us to go national.

Our congenital heart team of Suzie Hutchinson, Julie Wootton and Paul Willgoss report that surgical services for children with congenital heart disease are currently under review. A number of recommendations made during Kennedy’s review of issues in surgical services at Bristol over ten years ago are still to be implemented. It has become clear that there should be fewer units offering surgery but a minimum of 4 surgeons in each. The regional specialised commissioners announced final recommendations for change in February 2011, after reviewing recommendations from Sir Ian Kennedy’s team for reconfiguration of services. This was followed by a three month consultation period. All children’s cardiac charities led by The Children’s Heart Federation have been given the opportunity to contribute to the review and consultation process. The HCP congenital heart team have also represented the voice of congenital heart disease within the Health Conditions in Schools Alliance, British Congenital Cardiac Association, Cardio & Vascular Coalition and the Congenital Heart Disease Coalition.

Our Trustees continue to work actively in their various spheres of expertise, which is vital to our continued representation. Liz Clark has been a patient representative on the NICE Chest Pain Guideline and is now on the Angina Guideline. Trudie Lobban continues to be a tireless worker for Arrhythmia Alliance and Peter Diamond continues to work with THRIVE, Suzie Hutchinson, our Treasurer, with Little Hearts Matter and Anne Jolly with SADS UK. All in all we have a very active team for which I, as their President, am truly grateful.

I am more than happy to report that the Patient and Carer Network of the Royal College of Physicians, where I represent HCP (UK), has ensured that the patient voice has been heard in Brussels in connection with the European Working Time Directive. There were
concerns too numerous to be mentioned here but I understand they were well received with gratitude for the input. Basically the main concern is that the inflexibility of the current directive urgently needs to be addressed.

Patient and Carer Partnerships also contributed to the Network Survey of Cardiac Rehabilitation Development 2007-2009/10 which was published in the British Journal of Cardiology in February 2011, especially re CR development activism, and expressing a willingness to help develop PROMS.

Our future needs are to complete applications for funding, especially the one to the British Heart Foundation and to endeavour to increase our membership so that we can move forward as an Affiliate Group of the British Cardiovascular Society. As soon as we have sufficient sponsorship we hope to arrange a conference for our members.

In closing I would wish to thank all the Trustees for their loyalty and support and for all they do to serve patients and carers across the nation.

Heart Rhythm UK
President: Dr Steve Furniss

WE CONTINUE TO DEVELOP OUR AIMS OF DELIVERING QUALITY AND EQUITY IN ARRYTHMIA CARE.

HRUK is committed to developing professional standards for those who manage and treat patients with cardiac arrhythmias. We recognise that this involves many disciplines in medicine and we must foster closer integration with other professionals as well as patient organisations. Education continues as a core activity – this includes training of the next generation of clinical arrhythmia specialists, educating those who come into contact with patients who have heart rhythm abnormalities, and ensuring that these patients have access to the highest quality of care.

During 2010 the HRUK Competency Standards for Devices and Electrophysiological Interventions were published. This we hope will act to support the work of the dedicated professionals delivering arrhythmia care and ensure improved quality of care for patients across the UK. Our presence at the BCS Annual Conference has expanded further with sessions throughout a whole conference on current and important issues of rhythm management. We co-hosted the 2010 Heart Rhythm Congress with the Arrhythmia Alliance in October. As a window on our activities this is becoming a major arrhythmia meeting attracting national and international attendees, and the number of participants continues to increase. There were several HRUK sponsored workshops on specific arrhythmias, and we hope to increase our collaboration with other affiliate groups in areas such as atrial appendage occlusion. A specific educational partnership has brought together the British Cardiovascular Society, The Royal College of Surgeons and HRUK in teaching surgical skills to device implanters. We believe these courses have the potential to make a significant impact in reducing complications from device implantation.

The HRUK Certificate of Accreditation examination continues to attract ever more physiologists and Trainee doctors, and has been given a major technical overhaul. The training of physiologists involved in heart rhythm management is a crucial activity, reflecting their increased clinical responsibilities. The HRUK Certificate of Accreditation Exam is an essential part of this training process. We are again enormously grateful to members of council and other HRUK members who have committed their time in the last year to bringing the exam up to modern exacting standards. The success of this initiative is evident from the increasing numbers of candidates and interest in the exam from other countries.

We must increasingly demonstrate that what we do is effective, measurable and of the highest quality. Data collection through the Cardiac Rhythm Management part of CCAD remains a core activity to which HRUK remains totally committed. The National Devices Survey report for 2008 again demonstrated the improved quality that is being achieved in patient care and Heart Rhythm Congress 2010 saw the first data on national outcomes from AF catheter ablation. It was disappointing therefore to discover in 2010 that funding for the CRM component of CCAD was not being continued, although that decision has temporarily been reversed. National audit has become an even more essential part of our professional responsibilities and HRUK will strive to ensure that national data collection will continue, providing an essential resource to our profession and a demonstration that quality of care is improving. There is still much to do.

For more information on the work of HRUK visit our website www.hruk.org.uk
Primary Care Cardiovascular Society (PCCS)
President: Dr Kathryn Griffith

2010 WAS ANOTHER GOOD YEAR FOR THE PCCS, DESPITE THE CHALLENGING FINANCIAL ENVIRONMENT, AND IT WAS FITTING THAT WE ENDED THE YEAR ON A HIGH NOTE WITH A VERY SUCCESSFUL 13TH PCCS ANNUAL SCIENTIFIC MEETING IN LEEDS ‘CARDIOVASCULAR DISEASE – THE NEXT TEN YEARS’.

Towards the end of 2009 the PCCS had reached a critical size, and we needed to review our current practices and put the necessary processes in place to meet corporate governance requirements and ensure the PCCS was ‘Fit For Purpose’ as we move forward. We undertook a review of the PCCS which yielded valuable information on how our members perceive the Society; we revised our Articles of Association and appointed additional Trustees from the financial and business sectors to help to secure the future growth and prosperity of the charity. The new Articles and Trustees gained unanimous approval from PCCS members at the Extraordinary General Meeting of the PCCS held in June this year.

The research undertaken amongst our members identified the PCCS, first and foremost, as a provider of high quality Cardiovascular education, and we have endeavoured throughout 2010 to ensure the PCCS meets the expectations of the membership. In addition to our Annual Scientific Meeting, the PCCS held its own half day session at the BCS Annual Conference which will be repeated again in June 2011. We had our second full day meeting during the Heart Rhythm UK Congress and presented at the annual meeting of the Royal College of GPs. The PCCS held a joint meeting in Durham with the North East Cardiac and Stroke Network, a third annual joint meeting in Cardiff with the South Wales Cardiac Network, and we are continuing our programme of joint meetings with Cardiac and Stroke Networks around the country. We have also run Cardiovascular Masterclasses in Southampton and Portsmouth - these are in addition to all the local meetings that our members participate in to increase knowledge and understanding, and to share best practice in CVD patient management. Through the Bradford Primary Care Training Centre and Education for Health, members of the PCCS have delivered CVD Risk training to thousands of individuals throughout the UK. We also held joint update sessions with the University of Birmingham on Anticoagulation in Practice.

Other highlights of 2010 included the second (very challenging!) PCCS sponsored bike ride from Edinburgh to Newcastle, 200 miles in 3 days!, which was organised by our newly elected President, Kathryn Griffith. The purpose, in addition to a trial of endurance for those who participated, is to raise money for travel bursaries to facilitate PCCS members to attend and present their work at regional and national meetings. We are looking to organise a third bike ride in 2011 - not quite such a challenge - from London to Paris, but bound to be great fun!

The ‘Follow Your Heart’ project, won the 2010 Communique Award for Best Healthcare Partnership, with the judges commenting: ‘A clear winner in every way, demonstrating just how such a partnership project can, and should work.’ ‘Follow Your Heart’ is a programme for healthcare professionals and for patients to provide optimal care for the 1.4 million post-MI survivors in the UK developed in partnership with HEART UK and Pfizer.

Not to be outdone, the other PCCS partnership project with HEART UK and Flora Proactiv, the ‘activheart’ online lifestyle support programme was highly commended in the same category. Involvement with this project had led to the PCCS being commissioned to provide health checks to the entire Unilever workforce in the UK. This project has just finished, with almost 3,500 health checks being completed.

Working in partnership became a theme of 2010, when the PCCS had the opportunity to lead a Partnership day in parliament. In just six weeks, the PCCS launched a new initiative ‘Partners in Health’. This programme brought together life sciences companies, the third sector, the NHS and government to encourage more partnership working and sharing of best practice with less duplication of effort and “reinventing the wheel”. The end result: to make best use of available expertise and resources in these financially challenging times. The event was a great success and well attended by MPs and peers from all parties who not only came to view the exhibition but to undergo a health check to ensure they were in good health to serve the country! The next steps for Partners in Health are currently being planned.
Following the PCCS elections we were delighted to welcome Dr Terry McCormack back onto the Council along with Dr Michael Norton and Dr Nigel Rowell. Moving forward we should have a very strong management team under our new Council President, Dr Kathryn Griffith and President Elect, Dr Chris Arden. Jan Procter-King stepped down following her two years’ in office as President and we would like to thank Jan for all her work for the PCCS during her term. Thanks are also due to Dr Stewart Findlay who has been invaluable as our Treasurer over several years, Professor Richard Hobbs, who will continue on the Trustee Board, and of course our dedicated support team.

For more information on the work of the PCCS visit our website www.pccs.org.uk or contact Dr Fran Sivers at office@pccs.org.uk

Society for Cardiological Science and Technology (SCST)
Chairman: Dr Brian Campbell

DESPITE THE EVER INCREASING WORKLOAD AND CONSTRAINTS ON TIME OUT OF DEPARTMENT, 2010 HAS BEEN AN EXTRAORDINARILY BUSY YEAR FOR SCST.

THE CONTRIBUTIONS OF THE COUNCIL MEMBERS, EDUCATION COMMITTEE, EXAMINERS, PROFESSIONAL BODY MODERATORS AND WEBMASTER HAVE BEEN EXEMPLARY.

The participation of these individual members in retaining the links with a wide variety of groups including: the Department of Health, the Federation of Healthcare Science, the Institute of Physiological Science, the Registration Council for Clinical Physiologists, the Professional Bodies Education Committee, the British Cardiovascular Society (BCS), the British Society of Echocardiography (BSE) and Heart Rhythm UK (HRUK) is an essential component in ensuring that the education and professional standards of SCST keep pace with the advances in cardiac science.

Modernising of Scientific Careers (MSC)

The Modernising Scientific Careers (MSC) programme moved ahead significantly in 2010. The Practitioner Training Programme (PTP) criteria and manual of work-based competencies were completed. The PTP degree programme was implemented in autumn 2010, partially through the financial support of additional student numbers (ASN) through the Higher Education Funding Council for England (HEFCE). The accreditation process for this programme continues to gather pace with a number of Universities applying to run the programme. We have been told that there will be funding for the placement component of the PTP but the numbers have yet to be published. Adequate funding for onsite training will be essential, if we are to guarantee the work-based PTP outcomes are achieved and SCST will work towards ensuring adequate provision for this component.

The criteria for the Scientific Training Programme (STP) is now available online at http://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/stp. SCST, the BSE and HRUK were all actively involved in this process, with strong and active support from BCS. Work on the manual of work-based competencies should be completed in the spring of 2011. The new recruitment scheme into the STP has already commenced for entry in September 2011 with advertising through the NHS jobs website already underway.

Representatives from SCST, BSE, HRUK and BCS will be engaged with the next stage / level of the process for 2011, that of the Higher Speciality Scientific Training (HSST). It is likely that other Affiliate Groups of the BCS will also become involved at this higher level.

Physiological Measurement Accreditation

Work on the development of accreditation for departments providing tests and procedures considered under the umbrella “physiological measurement diagnostic services” has continued throughout the year and is nearing completion. This accreditation, instigated by the Department of Health, will set out the criteria for the provision of service. The programme lead and senior advisor to the Department of Health is Sir Duncan Nichol.

There are four key domains of which Patient Experience (1), Safety (2), and Facilities, Resources and Workforce (3) are generic across all physiological science. The fourth domain is Clinical, which is specialty specific. Each domain is supported by standards and each standard has a set of criteria that must be obtained for every diagnostic (and in some cases therapeutic) procedure with the department seeking accreditation. A web-based Quality Enhancement Tool (QET) will assist services prepare for accreditation and is being developed in tandem with the standards and criteria. The process should be rolled out in 2011.
The Journal for the Society for Cardiological Science and Technology (JSCST) was revamped in Communication with the Membership

To try to ensure that the cost of membership of the Society does not change, SCST Council

Membership Fee Payment

In 2010 SCST had a separate scientific one-day conference, which was well attended and very well received, giving the annual general meeting (AGM) a much needed boost. With the return of the Cardiac Physiology day embedded within the BCS Annual Conference for 2011, SCST will not hold a spring scientific meeting. However, with a programme targeting cardiac physiologists and a negotiated SCST member's rate, we are hoping that the same enthusiasm from last year’s scientific meeting return to the BCS Annual Conference for 2011.

Scientific Meetings

In 2010 SCST had a separate scientific one-day conference, which was well attended and very well received, giving the annual general meeting (AGM) a much needed boost. With the return of the Cardiac Physiology day embedded within the BCS Annual Conference for 2011, SCST will not hold a spring scientific meeting. However, with a programme targeting cardiac physiologists and a negotiated SCST member's rate, we are hoping that the same enthusiasm from last year’s scientific meeting return to the BCS Annual Conference for 2011.

Membership Fee Payment

To try to ensure that the cost of membership of the Society does not change, SCST Council have reviewed the manner in which some of the administration of the Society is carried out. In previous years the collection of annual fees by direct debit (dd) payment was horrendously expensive. However, for 2010 the British Cardiovascular Society provided the solution for SCST at a level that will lead to reduced administration costs and hence remove the need for increased fees for the immediate future. SCST Council will continue to review the wider administration process and associated costs of the Society in 2011.

Communication with the Membership

The Journal for the Society for Cardiological Science and Technology (JSCST) was revamped in 2010 and is proving to be all the more valuable for it. An increase in the article submission has improved the research content and we expect to see continued improvement throughout 2011.

The website, which in association with the journal, are viewed as the primary forms of communication with the membership, was upgraded towards the end of 2010. The site was improved in terms of navigation and should become the key reference point for all the relevant information that the cardiac physiology professional requires in 2011.

For more information, visit our website www.scst.org.uk

BCS COURSES
FROM AUTUMN 2011 TO SPRING 2012

BCS & Mayo Clinic “Cases, Controversies & Updates”
26 - 28 September 2011
Key faculty from the BCS and Mayo Clinic are again coming together to provide an in-depth look at difficult cases, current controversies and latest updates in Cardiovascular Medicine.

BCS & RCP Cardiology Update
11 October 2011
An annual update for GPs covering Cardiac drugs, stable angina and other essential topics for those covering Cardiology in the community. Visit the RCP website to register for this course, www.rcplondon.ac.uk

National Training Day
28 November 2011
For UK Cardiology Trainees, addressing topics from the Cardiology Curriculum: Atrial Fibrillation; Mitral Valve; the Heart Lung Interface; the NHS survival kit!

A Year in Cardiology
14 December 2011
Providing a succinct review of the year's 'hot' topics with particular emphasis on clinical practice and a round-up of key developments in the sub-specialties. This symposium is a must for consultants and trainees wishing to keep abreast of major advances in Cardiology.

BCS Annual Conference
28 - 30 May 2012
The 90th BCS Annual Conference will again return to Manchester Central, hosting a wide variety of educational sessions, international speakers and a full exhibition.

BCS & Mayo Clinic Cardiology Review Course
19 - 23 March 2012
Matched to the Cardiology Curriculum, this 5 day course gives a great overview of current cardiovascular medicine. Suitable for Cardiology Trainees, Specialist Doctors and Consultants wishing to refresh their knowledge.

Research in Cardiovascular Medicine
27 April 2012
A national symposium designed to enthuse, nurture and promote the next generation of cardiovascular researcher. An essential course for all trainees wishing to conduct Postgraduate Research in Cardiovascular Medicine.

A Career in Cardiology
17 February 2012
An essential one-day course for all doctors wishing to pursue Cardiology as a long-term career. Covering the ST3 selection process from application form through to interview and the varied sub-specialities available in Cardiology.

See www.bcs.com for details of these courses.
Or email courses@bcs.com to register your interest.

All courses will be held at the Royal College of Physicians (RCP), London