Our Mission

The British Cardiovascular Society:

- **SETS STANDARDS OF EXCELLENCE**; for individuals, organisations and the care of patients with cardiovascular disease

- **IS COMMITTED TO TRAINING AND EDUCATION**, and supports the practice of professionals working within cardiovascular health, science and disease management

- **IS THE PRIMARY SOURCE OF PROFESSIONAL ADVICE AND ADVOCACY** in these areas, to government, funding bodies and industry

- **WILL DELIVER THESE OBJECTIVES** in collaboration with patients, the public and partner organisations
BCS Milestones and Achievements in 2008/9

> Established the first BCS & Mayo Clinic Cardiology Review Course  see page 26
> 16 Cardiac Maps of medicine produced
>Twinning with ACC, California Chapter  see page 11
>New Communications Strategy launched  see page 10
>Closer working with Affiliated Groups  see page 9
>New membership initiatives launched  see page 9 and 12
>New CEO appointed  see page 15
>Financial accounting brought in-house  see page 15
>Conference and Exhibition management brought in-house  see page 15
>Accreditation of Cardiology Courses for Practitioners with a Special Interest (PwSI) introduced  see page 18
>Review of Network Service Advisors role  see page 19
>Redesign of website
>Preparatory work for production of JBS3 (Joint British Societies Guideline on Prevention of Cardiovascular Disease)
>Cardiovascular plan to follow the National Service Framework developed in conjunction with 40 other charities  see page 17
>New education strategy adopted  see page 25
>Draft proposals for revalidation in cardiology and its sub-specialties created  see page 17
>New Imaging Council set up
>Second pilot KBA (Knowledge Based Assessment) for cardiology trainees to be held at the 2009 conference  see page 27
>EU Heart Health Charter launched in UK  see page 10
>Guidelines on “fitness to fly” drafted  see page 19
>Comprehensive study of regional inequalities and variations in cardiovascular services commissioned
>Joint working with the other medical specialist societies  see page 10
>Increased BCS membership to 1,940  see page 12
>Lead role in a new European initiative to improve awareness on coronary heart disease in women  see page 32
Officers of the Society

President
Dr Nicholas Boon
2007 - 2009

President Elect
Prof Keith Fox
2008 - 2009

Honorary Secretary
Dr Charles Knight
2008 - 2011

VP Clinical Standards
Dr David Hackett
2007 - 2010

VP Corporate and Financial Affairs
Dr Kevin Jennings
2006 - 2009

VP Elect, Corporate and Financial Affairs
Prof Derek Yelton
2008 - 2009

VP Education and Research
Dr Iain Simpson
2009 - 2011

VP Training
Prof Stuart Colbe
2007 - 2010

Non-executive Trustee
Prof Dame Carol Black
2007

Non-executive Trustee
Mr Graham Meek
2007

Non-executive Trustee
Mr Nigel Turner
2008

CEOs
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Affiliate Coordinator
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Affiliate Coordinator
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Appointed 2007
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2006 - 2009

Non-executive Trustee
Prof Dame Carol Black
2007

Non-executive Trustee
Mr Graham Meek
2007

Non-executive Trustee
Mr Nigel Turner
2008

VP Education and Research
Dr Iain Simpson
2009 - 2011

VP Training
Prof Stuart Colbe
2007 - 2010

Non-executive Trustee
Prof Dame Carol Black
2007

Non-executive Trustee
Mr Graham Meek
2007

Non-executive Trustee
Mr Nigel Turner
2008
I AM PLEASED TO SAY THAT 2008 WAS A VERY SUCCESSFUL AND PRODUCTIVE YEAR FOR THE BRITISH CARDIOVASCULAR SOCIETY AND MUST ACKNOWLEDGE THAT NONE OF THE ACHIEVEMENTS LISTED ON PAGE 4 WOULD HAVE BEEN POSSIBLE WITHOUT THE UNSTINTING SUPPORT AND HARD WORK OF OUR STAFF, BOARD, OFFICERS, AND MEMBERS. I AM PARTICULARLY GRATEFUL TO OUR THREE NON-EXECUTIVE TRUSTEES, PROF DAME CAROL BLACK, MR GRAHAM MEEK AND MR NIGEL TURNER WHO HAVE GIVEN THEIR TIME AND EXPERTISE TO THE SOCIETY SO GENEROUSLY.

The Society went through a rather painful upheaval following the unexpected departure of three key members of staff two years ago. Those difficulties are now behind us and our new Chief Executive Officer, Steven Yeats, must be congratulated on making a series of inspired appointments that have helped to create a happy, dedicated and very capable team. This has allowed us to bring the running of the conference in house, rebuild the website, and take greater responsibility for our financial affairs.

The changes heralded by “Strategy for Change” are now firmly embedded and have provided the launch pad for many new initiatives. All of our divisions are working well and I think you will be impressed by the reports of our talented Vice Presidents and Secretary.

The enthusiasm and skills of our staff, Officers and Non-Executive Trustees have made my duties as President both relatively easy and very enjoyable. In addition to maintaining an overview of the Society’s activities and trying to ensure that they fit with our overall strategic objectives, I have devoted much of the last year to developing and improving relations with key outside organisations such as the Affiliated Groups, the Royal Colleges, the other specialist medical societies, the European Society of Cardiology (ESC) and the American College of Cardiology (ACC).

Some of the executive powers of Council were transferred to the new Board, when we adopted “Strategy for Change” and this has made it particularly important to foster and maintain close links with our Affiliated Groups. I am delighted to say that the Presidents of the British Cardiovascular Intervention Society, the British Society for Echocardiography, and Heart Rhythm UK, have all agreed to join the BCS Executive and are therefore now intimately involved in the Society’s decision making process. We have also launched an innovative scheme offering joint membership of the BCS plus one of the Affiliated Groups for a single discounted fee. For example, trainees can now enjoy the benefits of full BCS membership, and membership of the British Junior Cardiologists Association (BJCA) for an annual subscription of just £100. I am confident that this initiative will help to bind us together and increase membership of both the Society and its Affiliated Groups.
We have also completed a comprehensive review of the Society’s communications strategy. Our primary objective is to communicate effectively with our members, Affiliated Groups and Associate members. Nevertheless the review led us to conclude that we have not always responded well to media enquiries and that changes were required to ensure that the public and media receive the best possible professional advice on cardiovascular health. We are therefore appointing an in-house press officer and drawing up a list of spokespeople and experts who are willing to speak to the media at short notice. I am delighted to say that the Society’s Network Service Advisers have also agreed to take on a role in liaising with their local media. I must stress that we are in no way attempting to compete with the British Heart Foundation, who will remain the media’s main source of information; nevertheless, I believe that our new communications strategy will allow us to complement the work of the British Heart Foundation more effectively, and help to draw the two organisations closer together.

The British Cardiovascular Society continues to play a prominent role in European affairs. We offered enthusiastic support to the European Heart Health Charter and many of our members now hold high office in the European Society of Cardiology, its Associations and Working Groups. They include Professor Kim Fox, Immediate Past President of the ESC, Dr Alan Fraser, newly elected Vice President of the ESC, Professor John Camm, the inaugural director of the European Heart Research Foundation, and Professor Keith Fox, our own President-Elect, who joined the new Board of the ESC this year. In addition, Peter Mills has agreed to chair the European Board for the Speciality of Cardiology where he has worked tirelessly to deliver a user friendly electronic platform for assessment that can be used to facilitate revalidation.

Most of the challenges that the British Cardiovascular Society face also confront the other specialist medical societies. The Presidents and Chief Executive Officers of the major specialist medical societies have, from time to time, convened informal meetings to discuss common problems and share their ideas and experiences. The British Cardiovascular Society has sometimes hosted these meetings and along with our friends in the other societies, has always found them to be very helpful. I am therefore delighted to say that the major specialist societies have now agreed to establish a formal coalition that will strengthen links and provide valuable cross-fertilisation.

The British Cardiovascular Society has enjoyed a special relationship with the American College of Cardiology for many years. This has grown, through the good offices of Dr Huon Gray, a former President of the BCS and currently Chairman of the ACC’s International Affairs Committee, and a number of practical benefits are in the pipeline. First of all we are in the process of establishing a UK chapter of the Fellows of the American College of Cardiology who live and work in Britain. This will be the first Chapter of the ACC out-with the United States and will give us a voice in the governance of the ACC itself. Secondly, I am very pleased to announce that BCS has decided to enter a “twinning” arrangement with the California Chapter of the ACC. This promises to create many exciting opportunities for our members and trainees including a variety of new educational initiatives, collaborative research projects, and exchange fellowships. Indeed, we have already put in place arrangements and funding for two six month fellowships in advanced imaging at the Cedars Sinai Hospital.

I do hope that you will find this report both interesting and stimulating and that the work we have undertaken in the last year meets with your approval. The Society exists only for the benefit of its members and will not thrive if it does not represent your views and aspirations; I hope therefore that you will not hesitate to contact me or one of the Officers of the Society if you have any comments, or would like to participate in any of the projects described in this report.

In closing I would like to thank everyone at Fitzroy Square, the Officers and Members of the Society who have made my tenure as President such a pleasant and rewarding experience. I believe the Society has a great future and will continue to thrive in the capable hands of your next President, Professor Keith Fox. I know that he will work tirelessly on your behalf and hope that he enjoys the experience as much as I have done.
BCS MEMBERSHIP:

> 1388 ORDINARY, SPR, NON-CLINICAL AND INTERNATIONAL MEMBERS
> 312 EXTRA-ORDINARY AND HONORARY MEMBERS
> 240 JOINT BCS MEMBERS

Membership

The British Cardiovascular Society currently has over 1,940 members; a healthy increase of 250 members over the last year following our recruitment drive and membership review.

Our membership now encompasses a wide range of healthcare professionals working in the field of cardiovascular health. A large majority of our members are Consultants and Specialist Registrars in Cardiology, but we have made special efforts to encourage other health professionals with an interest in Cardiovascular medicine to join BCS, through reduced subscription rates, joint membership with Affiliated Groups and a less exclusive membership application process.

Over the course of the last two years, led by the President, we have comprehensively reviewed our membership package and we now believe that membership of BCS represents outstanding value for money.

BCS membership gives:

> Free access to Heart Online
> A discounted subscription for the twice 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 at our Annual Conference and Exhibition (if you register in time for the early-bird fees)

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 gives our members significant professional support, including:

> Professional representation with the Royal College of Physicians
> Representation at the Department of Health
> Support for ACCEA Awards
> All notices and electronic communications of the Society
> Full participation in business meetings and voting rights
> The option to stand for nominated BCS positions
> Access to the facilities of the Society’s offices

Becoming a member of the BCS will also give you the ability to access the whole of the website including the members-only area, which enables members to:

> Discuss issues of interest in the discussion section
> Make contact with other members in the members directory
> Access restricted library documents
> Access educational tools, such as webcasts and online training systems

We believe that these benefits will encourage an active and diverse BCS membership over coming years, strengthening the Society and improving cardiovascular healthcare. Details of membership rates can be found on page 37 of the report.
I WAS APPOINTED AS ACTING CEO IN MAY 2007 AND, FOLLOWING A COMPETITIVE INTERVIEW PROCESS, WAS APPOINTED TO THE SUBSTANTIVE POSITION IN OCTOBER 2008. THE BOARD OF BCS DETERMINED THAT ONE OF MY KEY PRIORITIES WAS TO IMPROVE THE RETENTION OF STAFF AT FITZROY SQUARE AND TO IMPROVE THE PROFESSIONAL DEVELOPMENT OF THE TEAM WITH DEVELOPMENT TRAINING INITIATIVES AND APPRAISAL SCHEMES.

Since my appointment, I am delighted at the progress we have made. We now have a stable and well-functioning team with only one member of staff leaving the Society over this period. Furthermore, the Society has been enhanced by two appointments which will make the Society more efficient and able to offer a wider spectrum of services to members and the Affiliated Groups.

In June 2008, the Society appointed a Senior Exhibition Manager, Françoise Durrant, to organise the exhibition at our Annual Conference and Exhibition (ACE). Previously, the Society had outsourced this work, which had been costly and, in recent years, not as productive as the Society would have hoped. Building on Françoise’s success with the ACE, I aim to be able to offer a full conference management package to Affiliated Groups in the near future.

The Society has also employed a finance coordinator, Wojtek Trzcinski, who has been able to transfer the book-keeping in-house, with quarterly checks by our Accountants. This means that we now have monthly accounts, helping the running of the Society enormously on a day to day basis. We have also moved to electronic banking, and online registration for the ACE is also streamlined through our website.

Kirsten Bradbury, Head of Development, has been co-ordinating the Cardiology Review Course, in conjunction with the Mayo Clinic, and I am pleased to say this new initiative was a great success, and one we hope to repeat in future. Mary-Lou Pitts, Resources Manager, has been working closely with the Executive to set up working relationships with the ACC, especially the Californian Chapter, and the ESC. In addition, I have played a key role in forming the constitution of the Coalition of Medical Specialty Societies with the CEOs of other professional medical specialty societies (BAD, BGS, BSG, BSR, and BTS). Developing and improving relations with all of these organisations is part of our strategic plan for the future.

To finish, I would like to mention that the work of the Society could not be achieved without the help and dedication of all the staff at Fitzroy Square, and I would like to congratulate them all on an efficient and productive year. The Society is moving forward at a high pace and the whole team has been willing to dig deep and work hard to enable this progress.
Clinical Standards Division
Vice-President: Dr David Hackett

THE CLINICAL STANDARDS DIVISION HAS HAD A BUSY 2008. THE MAIN WORK OF THE DIVISION DURING 2008 HAS INCLUDED:

Code of Practice
BCS published a code of practice for members on the ethics of interacting with medical device companies: “Guidance for BCS members on the presence of representatives from commercial organisations in clinical practice” at the Annual Scientific Conference in 2008. Visit the BCS library on www.bcs.com for a copy of the guidance. The guidance has been very well received, and has had over 2,800 views since launch to 20 Feb 2009.

Revalidation for Cardiologists
After much discussion at an initial workshop, and Executive, Board and Council meetings, BCS published proposals for revalidation of cardiologists for consultation with the membership in late 2008: visit www.bcs.com Revalidation section for a copy. Formal feedback has been positive and demonstrated general support. A further workshop and discussion at the Annual Conference and Exhibition are planned in 2009. We plan to run a pilot revalidation exercise later this year to fine tune the process, and participate in the first wave of revalidation of specialists for the GMC.

Cardio & Vascular Coalition
BCS joined the Cardio & Vascular Coalition (http://www.bhf.org.uk/cvc/ - a coalition of various patient support groups and professional organisations administered by the BHF) prior to its launch in 2007, and has contributed to many meetings, discussions, and the green paper published in 2008. At the time of writing, the white paper is being drafted for publication in late March 2009. It is hoped that this publication will provide a patient, carer and professional basis for the organisation and development of cardiovascular services up to 2020.

Study of variations and inequalities in cardiac care
BCS with the BHF and the Cardio & Vascular Coalition have commissioned Oxford Healthcare Associates to produce a study and report of current provision of cardiac procedures, compared with estimated need according to population changes, local burden of disease and deprivation, by locality in all four countries of the UK. The report will predict estimated future needs up to 2020. This study is expected to demonstrate current inequalities, as
Fitness to Fly

The House of Lords Science and Technology Committee report on Air Travel and Health: an Update was published in December 2007: http://www.publications.parliament.uk/pa/ld200708/ldselect/ldsctech/7/702.htm This report recommended (5.22) that various specialties such as cardiology, orthopaedics and psychiatry follow the lead of the British Thoracic Society in producing guidelines on fitness to fly with the intention of informing GPs and other healthcare professionals; and that these publications should be made available in electronic form and hard copy to all GPs. As a result, the BCS established a Working Group on Fitness for Air Travel with Cardiovascular Conditions. Dr David Smith has kindly agreed to Chair this Working Group and produce a report which is expected before the Annual Conference and Exhibition in 2009.

BCS Network Service Advisors

During 2008, BCS has reviewed the role of the Network Service Advisors (previously called Regional Advisors) across the UK, who also act as regional specialty advisors for service for the RCP in England. The roles and responsibilities of these Network Service Advisors have been separated, and are specifically different, from the regional Training Programme Directors. During the year, BCS held a very successful annual meeting of the Network Service Advisors, and the first of a regular newsletter was produced. It is intended that the Network Service Advisors will play key roles in assessing and advising on the local provision of and inequalities in cardiac services, providing local advice on revalidation of cardiologists, advising on local applications for clinical excellence awards, assessing job plans for new consultant appointments, acting as college advisor on appointments committees, etc.

Clinical Standards Division representation to other organisations:

- NHS Workforce Review Team (England)
- RCP-BCS Joint Specialty Committee (Cardiac)
- RCP Clinical Standards Board
- RCP Clinical Effectiveness Forum
- RCP Medical Workforce Unit
- RCP Revalidation Unit
- Medical Specialist Societies
- BHF Prevention & Care Committee
- BHF Non-Medical Catheter Laboratory Workforce Steering Group
- Cardio & Vascular Coalition: Steering Group, Inequalities Working Group, Modelling Burden of Disease Working Group

Accreditation of Practitioners with a Special Interest (PwSI) in Cardiology

BCS has developed a model of accreditation of courses in cardiology for practitioners with a special interest; this work has been led by Dr Mark Dancy (visit the BCS Accreditation section of our website, www.bcs.com).

It is intended that BCS assesses and benchmarks the quality of the course provision, and in future the BHF will fund training places in BCS Accredited courses. We hope that this process should lead to national standards for courses and training of Practitioners with a Special Interest in cardiology.

Cardiac workforce planning

The study of variations and inequalities in cardiac care in the UK by Oxford Healthcare Associates will provide guidance on the consultant cardiologist workforce required for cardiac interventions, and for devices and electrophysiology procedures, by need according to population changes, local burden of disease and deprivation and by locality and region of the UK up to 2020. Extension of this work to the imaging specialties and heart failure would also demonstrate the variations and inequalities in the consultant cardiologist workforce in these subspecialty areas. The implications of these work-streams are that there will be estimated regional subspecialty training requirements by region in cardiology up to 2020.

BCS commissioned a Working Group on Non-medical catheter laboratory staffing which produced a report in March 2007. As a result, the BHF have set up a Non-Medical Catheter Laboratory Workforce Steering Group in early 2008. This group has agreed the competencies required for multi-skilled cardiac catheter laboratory workforce, and the first course provider has received approval and accreditation. BCS has been a party to all these developments. The BHF have funded a number of places on this course in 2009. It is expected that there will be additional course providers in the near future.

well as future gaps in cardiac service provision compared with 2007. The data should help in the development and planning of local and regional services and workforce requirements where there is current or predicted future under-provision or inequality. We expect this report to be published before the Annual Conference and Exhibition in 2009.

Dr Mark Dancy, Lead on BCS Accreditation for PwSI in Cardiology

Dr Mark Dancy, Lead on BCS Accreditation for PwSI in Cardiology
Clinical Standards Division committees:
The Clinical Standards Committee met twice during the year. The Guidelines and Practice Committee also met twice during the year.

BCS reviews & responses to Consultations, Guidelines and Statements in 2008:

BCS and Heart have agreed that formal reviews of new national and international guidelines and appraisals should be published in the Technology and Guidelines section of Heart. These reviews are intended to set the place of new guidelines and appraisals in the context of the current management of the relevant cardiovascular condition, and to compare the new guidance with previously published guidelines and appraisals.

General:
Consultant Physicians working for patients (4th ed., Royal College of Physicians)
Acute Medical Admission Protocols, Draft Handover Record, Draft Discharge Record (Royal College of Physicians)
Definition of Specialised Services for Specialised Services National Definition Set (SSNDS) for Commissioning of Specialised Services by the National Specialised Commissioning Group (NSCG) (Dept of Health)
Quality Metrics (Dept of Health and RCP)

European Society of Cardiology guidelines:
  > Cardiovascular Disease Prevention - Risk Assessment and Management
  > Universal Definition of Myocardial Infarction
  > The Role of Endomyocardial Biopsy in the Management of CVD
  > Acute and Chronic Heart Failure (diagnosis and treatment)
  > Acute Pulmonary Embolism (diagnosis and management of)

NICE Appraisals & Guidelines:
  > Assessment and management of acute coronary syndromes
  > Coronary Artery Stents (Ischaemic Heart Disease)
  > CT Angiography
  > Dronedarone for the treatment of atrial fibrillation and atrial flutter
  > Dual Chamber pacemakers for bradyarrhythmia
  > Endoaortic balloon occlusion for cardiac surgery
  > Familial hypercholesterolaemia
  > Heart Failure
  > Hypertension in pregnancy
  > Interventional Procedures Programme, including Percutaneous Pulmonary, Hybrid procedures for hypoplastic left heart and Endovascular closure of perimembranous ventricular septal defect
  > Investigation, assessment and management of chest pain
  > Lipid modification
  > Management of type 2 Diabetes
  > Percutaneous Mitral Valve Repair
  > Prasugrel for the treatment of acute coronary artery syndromes with percutaneous coronary intervention
  > Prevention of CVD
  > Prevention of Venous Thromboembolism (VTE) in medical patients
  > Pulmonary Arterial Hypertension
  > Transient loss of consciousness (T-LOC) in adults
  > Updates on Technology Appraisal Process

Other guidelines reviewed:
  > BCS is currently involved in the British Thoracic Society Acute Pulmonary Embolism Guideline
  > BCS endorsed the British Thoracic Society Guideline for Emergency Oxygen Use in Adult Patients
  > The Society for Cardiological Science and Technology ‘Recommendations for Clinical Exercise Tolerance Testing’
During this year the society has again operated in challenging financial waters: our investment portfolio of £1.7M has been damaged by the volatility of the stock market, showing a reduction in valuations of £411,000.

This of course is a paper deficit and the Society will take the longer term view in the expectation that equities will begin to recover within the next 24 months as has been predicted by our advisers. There has additionally been a further unwelcome fall in revenue from the Annual Conference and Exhibition, this event having traditionally contributed one half of the Society’s income. We have sought to increase revenue from other sources. There has been a welcome increase in subscription income and our share of revenue from Heart has remained stable. Additionally, the Society has reduced expenses related to administration and property maintenance by £60,000, in 2008. Thus, in this last year the Society’s expenses have been quite closely matched by our income such that we have a small operating deficit of £2,548.

The Finance Committee

The financial affairs of the BCS are supervised by this committee chaired by the Vice President for Financial and Corporate Affairs and assisted by members of the Society. In 2008 these were Professor John Deanfield, Professor Martin Rothman, Dr Paul Oldershaw, Dr Ian Hutton and Professor Derek Yellon. Professor Deanfield and Dr Oldershaw have now demitted office after long service to the Finance Committee which has been of great value. Dr Stephen Holmberg joins the Committee from the beginning of 2009. The Society in addition, very much benefits from advice from two lay members of the Committee, Graham Mee and Tony Salt. Nicholas Kaye representing the Society’s accountants, AEL is the final member of the committee whose meetings are also attended by the President and the Chief Executive of the BCS. The Committee receives invaluable assistance from Wojtek Trzcinski, Finance and Membership Coordinator. Investment advice is provided by the Society’s appointed brokers, Rensburg Sheppards, who are charged with the day-to-day management of the Society’s funds within the broad parameters set by the committee.

The Annual Conference and Exhibition

The 2008 meeting was acknowledged widely to be a considerable success from the educational, training and scientific perspective: however, conference revenue fell again this year by a further £146,000. This does not reflect falling attendance or reduced interest in Society activity but is further evidence of reduced investment by Industry in this meeting. The Society’s Officers have strenuously tried to reverse this trend through high-level meetings with companies and we have implemented their suggestions where these are possible and in the interest of the membership. An early sign of success in this regard is that by the year end, we had already sold 80% of the 2009 exhibition space that we sold at the ASC in 2008.

Heart

Our share of the revenue from Heart has been sustained with income of £294,000 in 2008. We continue to provide free on-line access to the journal (where the non-member rate would be £119); members may elect to receive a paper copy of Heart at the reduced and subsidised rate of £90 per year (non-member rate £220) and the journal will now appear twice monthly in order to shorten publication times and to be in step with other high-impact cardiovascular journals. Members who wish to receive the paper edition of Heart may arrange to do so by contacting Fitzroy Square (enquiries@bcs.com).

Fellowships

Because of reduced revenue and withdrawal of Industry support for fellowships the Society will provide a single fellowship in 2009 for three years, sponsored by Bristol Myers Squibb (BMS). Additional to this, there are two trainees in receipt of BCS fellowships presently, one supported by BMS and the other by the Swire Trust. The Society is extremely grateful for this valued sponsorship.

Membership

We wish to encourage members to seek to persuade their trainees and consultant colleagues to consider joining the Society. We do require to be less dependent on the Annual Conference and Exhibition for revenue and appropriately more dependent on subscription income. Now, membership of this Society combined with membership of an Affiliated Group is a tax-deductible £200 per year and only £100 for non-clinicians. This allows free admission to the Annual Conference and Exhibition, free on-line access to Heart and Cardiosource, the portal for the American College of Cardiology and the Journal of the American College of Cardiology.
Additionally, there are opportunities to represent British Cardiology through high-level service on Society working groups. The Society can provide assistance to members who are threatened professionally and can support applications for promotion through the professional award systems. The Society also provides opportunities for application for travel grants and interventional fellowship overseas. Please do consider recruiting your colleagues as members as we are stronger together, both professionally and financially.

**Education and Research Division**

**Vice President:** Dr Iain Simpson

**Annual Conference and Exhibition**

**ONE OF THE MAIN FOCUS AREAS FOR THE DIVISION OF EDUCATION AND RESEARCH REMAINS THE ANNUAL CONFERENCE AND EXHIBITION (ACE) WHICH, THIS YEAR WILL BE AT THE EXCEL CENTRE IN LONDON AND DESPITE THE ECONOMIC DOWNTURN, CONTINUES TO THRIVE.**

The Programme Committee has primary responsibility for its development and delivery. As one of the most important and active committees in the Society, they deserve special mention for their considerable efforts in producing a high quality, contemporary annual conference. Note the name change (previously Annual Scientific Conference) to reflect the move towards a more education based meeting and also to recognise the important contribution to the Conference of our industry partners.

Much of the conference content is based around the knowledge and expertise of our Affiliated Groups who remain fundamental to the success of the Annual Conference and Exhibition. The integration of the Affiliated Groups has provided an opportunity to educate a broader audience in key specialist areas as well as develop joint sessions between Affiliates, complementary to the Affiliates own specialist meetings occurring throughout the year.

The Programme Committee has tried to incorporate the Exhibition into the body of the meeting by hosting a number of educational activities in the Exhibition Hall, such as the “How to” sessions and the practical simulations. This year we have had an increase in abstract submissions and all successful abstracts will be presented as Moderated Posters, a format previously successful on a smaller scale. Links with the European Society of Cardiology and the American College of Cardiology have been strengthened within the BCS which is reflected by their increased involvement at ExCeL this year.

**Academic and Research Committee**

**Chair:** Prof Hugh Watkins

**Education, Education, Education!**

Despite a structured Curriculum in place, there remains concern about the quality and consistency of training particularly in the subspecialty areas. Although the responsibility for training does not directly lie with the BCS or its Affiliated Groups, they are uniquely placed to deliver high quality education to support it and taking a lead on educating our trainees would seem an appropriate, important and fundamental remit of a National Society and its Affiliated Groups. We are planning to deliver an Education Strategy which addresses this and allows the BCS and its Affiliates to develop a leading role in education of our trainees linking with the Speciality Training Committees around the country. To facilitate this, we have restructured the Communication and Education Committee and brought it into the Division of Education and Research.
Communication and Education Committee
Chair: Dr Sarah Clarke

Chaired by Dr Sarah Clarke, this is one of the busiest BCS committees. It has responsibility for communications strategy of the BCS including the website (www.bcs.com).

A key component of the committee’s work revolves around live reporting of sessions at the Annual Conference and Exhibition by the roving reporters, to provide an update for members who are unable to attend. The second work stream of this committee is education and a sub group has been set up specifically to develop this area for both trainees and trained members. It will be an important priority area for the coming year. As part of the drive to provide a more curriculum based trainee education we have also organised a five-day course in conjunction with the Mayo Clinic. This should provide a concentrated course attractive for members who wish for an update but also to assist trainees in gaining core knowledge and in preparation for the Knowledge Based Assessment.

Training Division
Vice-President: Prof Stuart Cobbe

Once again, the major activities of the division have related to the role of the Specialist Advisory Committee in Cardiology (SAC), which I chair, with Dr Jim Hall as Secretary. The committee is structured to include representatives of the main affiliated groups, as well as Deanery representatives. Since the great majority of these individuals are members of the British Cardiovascular Society, the society has a major influence in determining SAC policy.

The old Chinese curse “may you live in interesting times” continues to apply to Postgraduate Medical Education, where the committee has continued to struggle with the various demands of the Postgraduate Medical Education and Training Board (PMETB), the Joint Royal Colleges of Physicians Training Board (JRCPTB), and the continuing fallout from Modernising Medical Careers.

Cardiology Curriculum

Despite the fact that the current curriculum was only approved last year, PMETB is looking for further changes by 2010 to bring curricula in all specialties fully in line with its requirements. This involves piloting additional methods of assessment, such as Case-Based Discussion, Patient Satisfaction Questionnaire, Teaching Assessment, and Audit Assessment. These assessments are not all additional to the current ones, in the sense that Case-Based Discussion, for example, can be used as an alternative to the Mini-Clinical Examination (mini-CEX) to assess competence in some areas of the curriculum. Piloting of the new assessment methods is being led in Cardiology by Dr Ian Wilson, who has contributed in a major way to the development of the assessment grid to meet PMETB standards. The decision grid has been posted on the JRCPTB website. Other, more generic, changes in the curriculum will be a joint effort of all medical specialty SACs through the Joint Royal Colleges of Physicians Training Board.

Knowledge-Based Assessment

As reported last year, Cardiology has had a difference in philosophy with the MRCP organisation over the Knowledge Based Assessment. Our concept has been of a “light touch” approach, encouraging trainees to read the literature, particularly in areas less well covered by Deanery Training Programmes. We believe that the knowledge base in Cardiology is best demonstrated in situations of direct patient contact, as assessed by the workplace-based tools such as the Mini-Clinical Examination, Case-Based Discussion and Direct Observation of Procedural Skills (DOPS). There is a concern that over-emphasis on “an exam” as the most important element of assessment may distort trainees’ priorities. We have opted for a single Multiple–Choice examination to test knowledge of the Core Curriculum to be taken in the 3rd year of Specialty Training (ST3). Given the high quality of entrants into the Cardiology, we envisage that the great majority of trainees will achieve an adequate standard in this test at the first attempt. Failure to do so will not automatically prevent further progression, but would be considered along with all other evidence of a trainee’s progress in the annual RITA/ARCP process. Opportunities to resit the Knowledge Based Assessment will be available in ST6 and ST7, but ultimately a trainee will need to pass in order to receive the Certificate of Completion of Training.

We are developing the Knowledge Based Assessment in cooperation with the European Board for the specialty of Cardiology, led by Dr Peter Mills, and hope to see it as the basis for a Europe-wide knowledge assessment. This brings the advantage of greatly increasing the
number of individuals available to write questions. The question-setting group has been hard at work over the last year, and I am particularly grateful to Dr Nick Brooks and his colleagues for their efforts. We plan to pilot our Knowledge Based Assessment, based on a paper of 120 best-of-five questions, at the Annual Conference and Exhibition in June 2009. This will be a computer-based examination, and any volunteer, consultant or trainee, who wishes to take the exam, would be welcome! Please contact Kirsten Bradbury at Fitzroy Square.

Modernising Medical Careers

As reported last year, the Society and the SAC played their part in providing evidence to the Tooke review of Modernising Medical Careers, and we were delighted with its recommendation to uncouple core medical training from specialty training. Unfortunately, trainees already appointed into ST1 posts in 2007 have a legally-binding guarantee of run-through training. While we were able in 2008 to lobby successfully for nearly 40 direct entry posts at ST3 level in Cardiology in the UK, and ran a successful national recruitment process in England for 30 of these posts, the situation in 2009 has been far less satisfactory. In essence, having made provision for existing ST2 trainees who are ready to progress into ST3, Deaneries have been unable to identify spare ST3 posts for appointment by open competition. We have lobbied hard against this position, but it looks this year as if FTSTAs, LATs, Research Fellows and others currently not holding ST posts will be unable to obtain ST3 posts in Cardiology in August 2009. However, after this, and particularly for August 2010 there will again be open competition for entry into ST3 posts in England, although unfortunately this will not happen in Scotland till 2011. Our work last year in developing person specifications, application forms, shortlisting and interview criteria will help next year in delivering a fair, standardised recruitment into ST3. Whether this will be undertaken as a National or Deanery-based exercise is not yet decided.

Quality Assurance

The SAC has a role in advising PMETB on the quality of Postgraduate Medical Education. Previously, this was undertaken by means of Deanery visits, which included interviews with trainees. One of the first actions of PMETB was to ban SAC visits to Deaneries as being disruptive and not cost-effective. Deaneries, through their Schools of Medicine, are required to report to PMETB on the quality of their training, and a copy of these reports is to come to the SAC for review and collation into a National report on training in the specialty. As may be appreciated, this system provides no true external view on the quality of training in a Deanery, and the SAC has been arguing for a return to some form of external oversight. Although SAC visits will not be reinstituted, an encouraging development in the Northern Deanery has been an invitation to an external assessor (from the SAC) to undertake a review. We are hopeful that other Deaneries will follow suit, and thus re-establish the principle of external review of training quality.
Women in UK Cardiology
Dr Jane Flint, BCS Council Representative 2005-2009

“IT IS NOT THAT I DO NOT APPRECIATE THE EXCELLENT CARE WHICH I HAVE RECEIVED, BUT I WOULD HAVE LIKED TO SEE WOMEN ON THE STAFF ALSO, PARTICULARLY GIVEN MY OTHER ISSUES.”

So spoke a female patient participant in last year’s ASC at our Women’s Network session. The Royal College of Physicians’ (RCP) 2007 census finds 10% of Consultant Cardiologists to now be women (double figures at last!), but a plateau in female Trainees at 20%. These figures do represent significant progress over the last 4 years since our BCS Working Group Report, but the RCP would regard a 15% Consultant and 30% Trainee rate as more representative for our next aim. Members should be aware that the under 35 RCP Physician cohort includes more women than men for the first time. I warmly thank those in Specialist Training Committee Chairs who have responded to my surveys of support and encouragement for women Trainees and Consultants in Cardiology during my time on Council as Women’s Representative. Congratulations go to Alison Calver (Wessex) and Ann Tweddel (East Yorkshire) who have achieved 30% female Trainee rates, with similar support I am sure to that given by Kerry Hogg to Scottish Trainees for many years. When all 2008 surveys are returned I am anticipating a rise in Flexible Trainee numbers this year. Attitudes have changed towards a sympathetic, approachable and encouraging face welcoming women into the specialty. One senior male HSTC Chair has acknowledged: “The improved gender balance has improved the humanitarian aspect of patient care and reduced confrontation between male cardiologists”. A clear majority of HSTC Chair holders have responded positively to my provocative question, stimulated by medical press discussions this last year, about whether the NHS and profession should lead society’s change in attitude to conventional gender roles in the community.

Our BCS Forum website and regular quarterly newsletters have summarised key events during the last year, and maintained reference to our updated ‘Women’s Network’. A highlight of the year for me was the opportunity to present our progress data to the Global Cardiovascular Women’s Network at the ACC in Chicago, and be inspired by Alice Eagly’s ‘Through the Labyrinth’ documenting the evidence of how women become leaders. I have enjoyed sharing this experience. An important innovation approved by Council in October is a career leaflet set for Cardiology, one aimed specifically at women in Foundation and Core Medical Training years, designed by a ST1 doctor Gemma Parry-Williams. I urge all colleagues to make appropriate use of this for both students as well as junior doctors. I am delighted that the SAC for Cardiology is moving forward with
A Major Aspect of Implementation of Our BCS Joint Working Group Recommendations for Women’s Heart Health

For Women’s Heart Health

I have contributed our progress data this year also to Baroness Ruth Deech of the National management of pre-conception counselling, pulmonary hypertension, and pre-eclampsia. by a patient’s very personal perspective, a unique accompaniment to lectures on of Pregnancy, an erudite academic update on post-partum cardiomyopathy followed 12 Key

Recommendations

Joint Working Group for Women’s Heart Health

Chair BCS Working Group for Women’s Heart Health, Dr Jane Flint

A major aspect of implementation of our BCS Joint Working Group Recommendations for Women’s Heart Health for the Society was the creation of a Women’s Track though the ASC June 2008. This included two excellent Joint Affiliated Group Sessions.

I was privileged to chair on 2nd June a BCC/BSH/HCP UK session on Cardiovascular Aspects of Pregnancy, an erudite academic update on post-partum cardiomyopathy followed by a patient’s very personal perspective, a unique accompaniment to lectures on management of pre-conception counselling, pulmonary hypertension, and pre-eclampsia. Women’s Heart Health was again addressed in a BANICO/BACR/HCP UK session on the 3rd June looking at the further challenge of Cardiac Rehabilitation provision, an international perspective coming from Mumbai to complement our NACR database, and final commissioning pressure placed on the PCT. Our Working Group meeting during the Conference commended the innovative Track which also included a highlight of all abstracts where evidence including gender issues was addressed, which we hope to sustain this year, and look forward to the possibility of a Joint ESC/BCS session next year incorporating the Euroheart Project Work Package on Cardiovascular Disease in Women. I was pleased to attend on the Society’s behalf in January the First Co-ordinators’ meeting organised by the European Heart Network in Brussels. I shared with interested National Leads our autumn 2008 summary publication in Cardiology News of progress, and anticipate our full report will be referenced in the European assimilation of survey data regarding campaigns, educational programmes and gender diversity in research and organisations. We are embracing the efforts of the National Heart Forum within our Working Group in data collection.

The dissemination of our Key Recommendations should work down from national to Cardiac/ Cardiovascular Network level and across health communities. We must all make opportunities to talk to local organisations, both lay and professional, to increase awareness and appreciation of true cardiovascular risk, and share the vision of diversity impact assessment of diagnostic and care pathways to reduce inequalities for all. The Health Care Commission’s check on compliance with implementation of the Equality Act during this last year is helpful. This year’s national priority to tackle the ‘unfinished business’ of Cardiac Rehabilitation services’ development is a key part of our agenda also, and post PCI rehabilitation an especial challenge. Improvement in commissioning mechanisms is work in progress.
1. Heart's impact factor increased to 4.14 in 2008, the highest it has ever been
2. The journal is now appearing twice monthly which will increase visibility and impact
3. Submission rates remain high (~1,000 original research articles per year) with the inevitable corollary of high (~87%) reject rates. The time from submission to first decision remains about 8 weeks but the time from acceptance to paper publication has fallen to 20 weeks. Both these metrics are targets for further reductions
4. Heart Asia was launched at the Great Wall meeting in China in December 2008. It is at present an on-line journal with joint ownership by the BCS, BMJ publishing and the Asian Cardiac Society. It is editorially independent but it will carry the Heart brand into SE Asia where there is a burgeoning cardiological research programme.
5. In support of the planned BCS pilot twinning programme with the ACC's California Chapter, Dr Sanjay Kaul, Cedars-Sinai Medical Centre, has been appointed to the International Advisory Board.
Member Costs

Current membership fees are:
- £220 + VAT for ordinary membership
- £140 + VAT if you do not hold clinics, e.g. you are a nurse, technician, 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. See the Honorary Secretary’s report for full details of BCS membership benefits.

Joint Membership

In 2008, BCS worked with its Affiliated Groups to develop joint membership packages. Joint membership offers 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 Membership
- BANCC & BCS Membership
- SCST & BCS Membership

Joint membership is £100 for non-consultants and £300 for consultants or physicians. 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 enquiries@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.
Recent articles have included contemporary topics such as:

> Is CT coronary angiography ‘just another pretty picture’?
> Are we justified to use prophylactic antibiotics before pacemaker/devices implantation?
> Heart Failure and Fish Oil – will it catch on?

If you are interested in becoming a sub-editor for our website, contact us on enquiries@bcs.com

Annual Conference and Exhibition

Each year at the 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

The 2008-9 sub-editors and 2008 roving reporters are:

**Roving Reporters**

- Adrian Cheng*
- Ian Cox
- Douglas Elder*
- Vasim Farooq
- John Gomes
- Samantha Groves*
- Sajad Hayat
- Anna Kydd
- Robin van Lingen
- Steve Little
- Ian Pearson
- Philip Read
- Stuart Russell
- Sreekumar Sulli*
- Verkatesan Suresh*
- Roshan Weerackody*
- Paul Williams*
- * Also a sub-editor

**Sub-editors**

- Shane Gieowarsingh
- Sadia Khan
- Usha Prasad
- Tushar Raina
- Pehgah Salihshouri
- Nazeel Sheikh
- Rhidian Shelton
- Andrew Wiper

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. The elections themselves show a healthy proportion of our members are keen to cast their vote; in 2008 we had a 35% response rate.

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 was reviewed in 2008 and has been expanded to include:

> 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. In 2008-9, BCS has been working with Network Service Advisors to run a survey of cardiology services in each network; it is hoped that in time, this annual survey will help to identify problem areas and aid the call for increased resources.

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 equipments, 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. At our annual Christmas dinner, Dr Arthur Hollman was thanked for his tireless work for the Society in collecting and maintaining our archives.

Any member who wishes to view our archives or even make a contribution to them, can contact us on enquiries@bcs.com

Web Editors

BCS News on our homepage is an ever popular section of our website, with articles regularly attracting a high number of viewers. In 2008 we recruited a team of sub-editors from BCS SpR Members to write news items on relevant topics in Cardiovascular Medicine. We hope that these articles will increase our websites’ usefulness for Trainees and newly appointed Consultants.
Annual Scientific Conference 2008

THE 2008 BCS ANNUAL SCIENTIFIC CONFERENCE WAS HELD AT MANCHESTER CENTRAL, MANCHESTER FROM 2-4 JUNE. THE CONFERENCE BEGAN ON THE SUNDAY NIGHT WITH A PUBLIC LECTURE ON ‘60 YEARS OF THE NHS’ GIVEN BY SIR BRUCE KEOGH.

As has come to be expected, the 2008 conference contained a wide selection of varied and informative sessions from the four main areas in Cardiovascular Medicine: Heart Failure, Electrophysiology/Pacing, Intervention and Imaging. Some of the highlights from the 2008 conference included sponsored symposiums from leading pharmaceutical companies, the annual Young Research Workers Prize (YRWP) and a variety of Teach-ins and How To sessions on subjects such as:

> Emergency management of arrhythmias
> How to examine the heart
> CRT and exercise

Many of the BSC Affiliated Groups ran sessions and workshops on key areas in their subspecialty, such as:

> When CMR makes the difference (BSCMR)
> Hypertension and Heart Failure (BISH-PCCS)
> Controversial decision making in PCI (BGIS)
> Imaging modalities in congenital heart disease (BCCA-BSE).

To expand the educational content of the Conference, the 2008 exhibition contained more interactive and informative stands. One of the most popular areas in the exhibition was the Simulators feature. Simulator training sessions in percutaneous coronary intervention was made available to specialist registrars through the use of PCI simulators. This was made possible by Boston Scientific Ltd, Cordis and Terumo.

Webcasting was introduced in the 2008 conference for the major plenary sessions and has proved to be a great success with a high number of talks downloaded, such as the BCS and ACC joint session on Cardiac Risk in Athletic Patients. A selection of the main sessions will again be webcast in 2009 for our members’ use.

2009 Annual Conference and Exhibition

THIS YEAR’S ANNUAL CONFERENCE AND EXHIBITION WILL BE HELD AT EXCEL IN LONDON, FROM 1-3 JUNE. THE PROGRAMME COMMITTEE, UNDER THE NEW LEADERSHIP OF OUR VICE PRESIDENT EDUCATION AND RESEARCH, DR IAIN SIMPSON, HAVE MADE A NUMBER OF CHANGES IN RESPONSE TO FEEDBACK RECEIVED FROM BOTH MEMBERS AND INDUSTRY, AND IN RESPONSE TO THE CHANGING FACE OF EDUCATION IN CARDIOVASCULAR MEDICINE.

With seventeen Affiliated Groups within the BCS there is a wealth of expertise from all areas of modern cardiology, reflected in an “action packed” programme this year. Collaboration between Affiliated Groups as well as educating and updating non specialists is one of the strengths of the Conference. There are also key sessions with the European Society of Cardiology (ESC) and the American College of Cardiology (ACC) with whom the BCS has a new twinning relationship with the Californian Chapter of the ACC, reflected in a superb joint session on heart failure.

The Exhibition is a crucial component of the BCS annual event and this year it has been further integrated with the conference programme with educational activities occurring in the Exhibition area during the three days. The Simulator feature will be made bigger for 2009 and include EP simulators as well as the PCI simulators, training sessions will be available over the full three days. For the first time this year “Meet the Expert” sessions will be taking place on selected exhibition stands – these are an integral part of the conference programme designed by the Programme Committee to act as ‘questions from the floor’.

On the Wednesday of this three day meeting, there will be a focus on Cardiac Rhythm Management to attract delegates interested in this area who might only be able to attend for a day.

We hope that you will be able to attend. Registration is online at www.bcs.com
Arrhythmia Alliance (A-A)

ARRHYTHMIA ALLIANCE IS A COALITION OF CHARITIES, PATIENT GROUPS, PATIENTS, CARERS, MEDICAL GROUPS AND ALLIED PROFESSIONALS WHO WORK TOGETHER TO PROMOTE TIMELY AND EFFECTIVE DIAGNOSIS AND TREATMENT OF ARRHYTHMIAS. A-A IS DELIGHTED TO BE IN ITS SECOND YEAR OF AFFILIATION WITH BCS AND LOOKS FORWARD TO STRENGTHENING THE WORKING RELATIONSHIP BETWEEN AFFILIATES.

2008 has been another exciting period of growth and we achieved a number of great milestones, the most notable being:

> Holding a fifth Arrhythmia Awareness Week
> Third annual Heart Rhythm Congress
> World Heart Rhythm Week

Our fifth Arrhythmia Awareness Week commenced in style with patients, carers, affiliates and medical allies across the UK gathering in support at Portcullis House, the ‘hub’ of Parliamentary activity in London. We had excellent participation from our members with a fifty percent increase in the number of events held, including a clinical meeting at Scottish Parliament and City Heart Week, concentrating on free pulse checks in London. The event drew support from all over the world, as far-a-field as China, South Africa, Russia and Australia. A-A’s sister charity, STARS, lent their support and organised balloon launches, selling over 2,000 balloons and raising both funds and great awareness of our cause. Atrial Fibrillation Association also joined AAAW for the first time and attracted huge support.

We aim to expand upon our achievements by organising our Arrhythmia Awareness Week 2009 between the 8th and 14th of June. This will signify our sixth year of success and celebration of the accomplishments of the Arrhythmia Alliance since 2003. World Heart Rhythm Week attracted over 60 international heart rhythm societies and non-profit organisations across the globe, all joining forces to raise awareness of cardiac arrhythmias. The event appeals internationally to those with a vested interest in promoting effective diagnosis, treatment and improved quality of life for individuals affected by cardiac arrhythmias.

The third Heart Rhythm Congress (HRC), organised by Arrhythmia Alliance in partnership with HRUK, took place in October 2008. Over 2,600 delegates attended, more than ever...
ARRHYTHMIA ALLIANCE 2009
ARRHYTHMIA AWARENESS WEEK

JOIN US... To promote better understanding, diagnosis, treatment and quality of life for individuals with cardiac arrhythmias

before, including many from Europe, USA and Canada. The event played host to a wealth of meetings, Live Cases, courses and conferences for medical professionals, industry, patients and carers. Over thirty exhibitors were involved from a wide range of industry, charities and other organisations. HRC is the largest event of its kind in the United Kingdom and it is our aim that HRC 2009 (18th – 21st October) will achieve even greater success (www.heartrhythmcongress.co.uk).

In 2008 we hosted seven successful regional meetings across the UK and received excellent feedback. The meetings are to assist GPs, arrhythmia nurses, cardiologists, commissioners and other cardiac community staff in optimising the patient care for cardiac arrhythmia in the community. In 2009 we will host the 4th annual regional meetings with an aim of involving more GPs and hope it will be of even greater success than last year. This year’s regional meetings are in partnership with Heart and Stroke Improvement Programme and the Department of Health.

We have continued to make excellent progress with our ‘Restart the Heart’ campaign, facilitating the placement of Automated External Defibrillators around the country with 24 hour public access. We are collaborating with many Ambulance Trusts on this project and it is helping every day, helping us to achieve our goal of creating ‘HeartSafe’ communities.

The National Affiliation Programme was launched to great success this year and we are proud to announce that we have over forty Affiliated Groups, all dedicated to the common goal of ensuring equality in advice and support to patients, irrespective of where they live.

Our European Affiliation is the establishment of an initiative to share the work of A-A across Europe (www.arrhythmia-europe.eu). Arrhythmia Alliance has been invited to exhibit, participate and present at many international meetings including ESC, South African Congress and HRS. We have also shared our experience with heart rhythm societies and non-profit organisations and have assisted in the establishment of Arrhythmia Alliance in Sweden, Portugal, Japan and South Africa. Meanwhile, plans are well underway for organisations in France, Belgium, Spain and Italy.

Despite our successes over the past 12 months, there is still much to be done to raise awareness of cardiac arrhythmias and improve the diagnosis, treatment and quality of life for those suffering. Arrhythmia Alliance will continue to set itself new challenges, seek and uncover new projects and campaigns and pursue new avenues of research.

The A-A is proud to work in partnership with DoH, HP, HFLUK, STARS, AFA, BHF, HCP UK and numerous other organisations in the UK and worldwide to ensure best practice so that all those suffering with cardiac arrhythmias receive timely and effective treatment, support and information. We look forward to partnering BCS in 2009.

British Association for Cardiac Rehabilitation (BACR)
President: Prof Patrick Doherty

BACR HAS HAD A SUCCESSFUL YEAR AND BEEN INVOLVED IN SOME MAJOR ACHIEVEMENTS THAT WILL SECURE THE FUTURE FOR A MODERN CR PROVISION.

SUCCESSFUL ACHIEVEMENTS AND COLLABORATIONS HAVE INCLUDED:

- Highest ever return on the National Audit for Cardiac Rehabilitation (NACR)
- Development of the first part of the CR tariff (acute CR tariff)
- Good working relationships with the DH Vascular Team, Payment by Results (PbR) and Information Centre (IC) teams
- Stronger links with the British Cardiovascular Society (BCS) and a shared commitment to ensuring CR is on the cardiology agenda
- Greater responsiveness and a more professional approach to external stakeholders throughout the UK
- BHF and BACR CR campaign has raised political awareness of CR and the BHF has made a significant contribution in enabling patients and clinicians to unite
- Significant contribution to the CVC consultation and the development of a new CVD Health Strategy
- The NHS Improvement: Heart Improvement Programme now has CR as one of its new priorities which has also led to the appointment of a National Clinical Lead for CR and National Clinical Advisor for CR
BANCC will be one of the national organisations represented within the Council on Cardiovascular Nursing and Allied Professionals (CCNAP) National Groups meeting, to be held at their spring conference in Dublin on 24th and 25th April. The purpose of the group is to exchange professional development and practice information to strengthen the potential for developing a European `license' for cardiovascular nurses, enabling them to easily transfer their clinical skills from one European country to the next. This is particularly relevant in the area of advanced clinical practice where England really leads the way in terms of role development, clinical nurse specialists, advanced nurse practitioners and nurse consultants being examples of how this works.

Other activities:

- Joint sessions at this year’s BCS ASC contributed to by BANCC on at least two of the three conference days. Key partnerships include BCIS and BSH. We hope this will enable more members to attend sessions than when the focus was on one day only.
- British Journal of Cardiac Nursing, with members benefitting from 50% reduction in subscription fees.
- Joint BCS/BANCC membership option. BANCC have also worked with BCS to negotiate a joint membership option, which includes online access to Heart amongst other benefits.
- Joint British Heart Foundation/BANCC level 3 cardiac nursing course at Salford University is entering its second year. This initiative has been led by our past president, Dr Ian Jones and Cynthia Curtis on behalf of the BHF. Applicants are required to be members of BANCC and may benefit from BHF funding to cover course fees. The first cohort evaluated the course very well and potential candidates for the second cohort have just been interviewed.
- National survey of coronary care units and cardiac nursing skills – plans progressing well. We hope to have some of this information available for the BCS conference.
- Contribution to NICE guidelines – BANCC utilises the expertise of its ordinary members to put forward a cardiovascular nursing perspective to various relevant clinical guidelines e.g. Heart Failure diagnosis and management guideline revision (on-going); Lipid Modification; Familial Hypercholesterolaemia.

The BACR would like to thank council members for their dedication and we would also like to thank the BACR members for their unwavering support. We look forward to tackling these new challenges, together, and celebrating success at our annual conference in Birmingham.

We will, in this time period, see the presidency pass from Professor Patrick Doherty to Dr John Buckley and we are delighted that John has taken on this role. For more information on BACR contact bacr@bcs.com
British Congenital Cardiac Association (BCCA)

President: Mr William J Brawn

I AM ENTERING MY FINAL YEAR OF A TWO YEAR PRESIDENCY OF THE BCCA. VICE PRESIDENT DR SHAKEEL QURESHI FROM EVELINA CHILDREN’S HOSPITAL WILL BE TAKING OVER AT OUR ANNUAL MEETING IN LIVERPOOL IN NOVEMBER 2009.

It has been an honour to be president for the last two years of such a vigorous society with over 350 members encompassing not only the surgical and medical specialists in congenital heart disease but also our colleagues in the paediatric, nursing and technical professions.

We had two annual meetings, the first in association with the British Cardiovascular Society Annual Scientific Conference in Manchester from the 3rd and 4th June 2008 which was well attended and provided an excellent programme including the late effects of congenital heart disease. The annual meeting was held in Birmingham on the 19th and 20th November 2008 in the striking surroundings of the newly refurbished Town Hall. We were fortunate in attracting some star overseas visitors, Professor Frank Hanley from Stanford and Professor Gary Webb from Philadelphia and from Europe Professor Dietmar Schranz from Giessen in Germany. Both the international and national faculty gave excellent presentations and there was much useful discussion. For the first time we gave over time for our commercial sponsors to give presentations on their products and this was well received. Commercial sponsorship is essential for these meetings to be successful and on the downside some sponsors felt that the venue did not allow adequate exposure for their products.

In 2008, the Spring Meeting was held in Oxford and included oral presentations on the topic of angiogenesis in atherosclerosis, posters, the John French Lecture (delivered by Professor Jonathan Gibbins, University of Reading) and the Michael Davies Young Investigator Award (sponsored by the BHF). The autumn meeting was held in Cambridge and focused on nuclear receptors in atherosclerosis. The Hugh Sinclair Lecture was delivered by Dr Chris Glass, University of California, San Diego. As this was the 100th meeting of the BAS and its precursor society, the British Atherosclerosis Discussion Group, Professor Gilbert Thompson gave a special lecture entitled “A half-century of controversy over cholesterol in Britain”, and there was a celebratory dinner attended by a number of past officers and senior members of the two societies.

The next meeting of the BAS will be a combined meeting with the British Cardiovascular Research Society, to be held on 2nd and 3rd April 2009 in Oxford, and will be focused on Atherosclerotic Plaque Rupture.

Further details from http://www.britathsoc.org/
we could learn from investigating in more detail patients that have died following heart surgery. An application was made to national CEPOD to see whether they would take on the investigation of such deaths and we have been fortunate in that they have agreed to instigate a national CEPOD review into deaths following congenital heart interventions and surgery. I am sure we will learn a lot from this venture.

The five annual training days per year for SpRs has proved a great success. The last one was the day before the annual meeting in Birmingham in November 2008 which covered all aspects of Hypoplastic Left Heart Syndrome. These annual training days are being well attended and feedback is very positive.

At the end of 2008 the first meeting took place of the national specialist commissioning group steering committee. This was chaired by the president of the Royal College of Paediatrics in Child Health, Dr Patricia Hamilton. This steering committee arose as a result of a desire by Professor Sir Bruce Keogh in his role as NHS Medical Director and the Minister of Health, Mr Alan Johnson wish to see a safe and sustainable paediatric cardiac surgical service for the NHS. The first meeting of the steering committee took place on the 1st December 2008. The background to all of this was the Kennedy Report on the Bristol affair, and then in December 2003 the report of the paediatric and congenital cardiac services review group (Moncrieff committee) followed by the meeting organised by Dr Sheila Shanahan and Professor Roger Boyle in the Department of Health on June 13th 2006 to ascertain views about reorganisation and restructuring of congenital cardiac services.

In 2008 the BCCA carried out a ballot of all members giving them an opportunity to express their views about reorganisation, restructurung and whether they could support it or not. 69 members replied, the majority supporting the idea of reorganisation, and at the BCCA business meeting in November 2008 at Birmingham a vote was taken and all but one agreed that there is a BCCA majority consensus for the reorganisation to go forward provided there is adequate planning, investment and local support. Whatever happens it's going to be a difficult time but despite the prolonged nature of the different enquiries and discussions we do need to have this steering group again revisit the whole question. There is no doubt that there are many issues and concerns about any potential reorganisation and restructuring, and the steering committee is going to have to think very carefully about its recommendations, in light of limited structural and staff resources and financial resources particularly in the current economic climate.

British Cardiovascular Intervention Society (BCIS)
President: Dr Mark de Belder Honorary Secretary: Dr Bernard Prendergast


A multidisciplinary 1200 strong membership and an ever broadening agenda of responsibilities present exciting challenges in this rapidly advancing subspecialty of cardiology. Major developments in the past year include the continued rise in rates of revascularisation to approach European norms, the further expansion of percutaneous coronary intervention (PCI) into non-surgical centres, the adoption of primary angioplasty as the default treatment for acute myocardial infarction in the wake of the National Infarct Audit Project (NIAP) report and further development of percutaneous techniques for the treatment of valvular and other structural heart disease. A new infrastructure and constitution is in evolution to reflect this breadth of activity and to allow even greater interaction with the BCS, the Department of Health, NICE and international bodies.

In response to national calls, BCIS has invigorated its process of peer review in partnership with the Department of Health to ensure a high quality of patient care. In 2008/2009, a further 7 new PCI programmes were overseen, contributing to a cumulative total of 27 new centres since 2003. This huge physical and geographical expansion in activity requires careful regulation, particularly with reference to the 24 hour care of patients with acute myocardial infarction. Systematic monitoring by annual BCIS PCI audit and scrutiny of clinical outcomes via links with the Central Cardiac Audit Database are in a state of rapid evolution. Expansion of this audit activity into the field of non-coronary intervention and linkage with newly established European databases is now anticipated.

BCIS is instrumental in the maintenance of training programmes for PCI in the UK and places increasing emphasis on education within the annual meeting structure. The major British interventional multi-centre randomised trials, BCIS-1, examining the role of the intra-aortic balloon pump in high risk PCI, and BBC-1 examining optimal strategies for the treatment of valvular and other structural heart disease. A new infrastructure and constitution is in evolution to reflect this breadth of activity and to allow even greater interaction with the BCS, the Department of Health, NICE and international bodies.
The fourth BJCA Research Awards were held in December at the RCP in London and as before, we witnessed the presentation of some exceptionally high quality research. The winner was awarded a travel fellowship to an international conference. We plan to invite abstract submissions for this year’s awards at the BCS Annual Conference and Exhibition in June.

Unfortunately, the BJCA annual conference was cancelled yet again in 2008 due to lack of sponsorship, but we remain hopeful that the meeting will be held in November this year.

We have revamped the BJCA pages on the BCS website which have now become a valuable resource for trainees. Information related to training and education including courses and events, fellowship schemes, training issues and clinical guidelines are regularly updated with excellent feedback from trainees.

The BJCA council has seen several of its members being promoted and new office bearers being elected this year. The new composition of the council is shown below:

President:
Dr Tushar Raina
Sheffield

Secretary:
Dr Mohammed Jelian
Leicester

Committee members:

BCS council:
Dr Tushar Raina, Sheffield

SAC committee:
Dr Helen Simpson, West Midlands
Dr Arun Natarajan, Essex

Communication and Education committee:
Dr Usha Prasad, Nottingham

BSE representative:
Dr Lindsay Smith, Wessex

HR (UK) representative:
Dr Robert Huggett, Sheffield

BCS representative:
Dr Tushar Raina, Sheffield

BSCMR representative:
Dr Lucy Hudsmith, Oxford

BMA trainee working group:
Dr Mohammed Jelian, Leicester

British Cardiovascular Society Annual Report 2009

THE BJCA HAS CONTINUED TO PROMOTE THE INTERESTS AND VOICE THE CONCERNS OF CARDIOLOGY TRAINEES IN THE UK. IN THE AFTERMATH OF MAJOR RESTRUCTURING OF HIGHER SPECIALIST TRAINING, WE HIGHLIGHTED THE IMPACT OF THESE CHANGES ON RECRUITMENT INTO THE SPECIALTY AND WERE DELIGHTED TO SEE COMPETITIVE ENTRY INTO CARDIOLOGY BEING RESTORED.

Our membership has continued to grow and now stands at more than 600 trainees which includes all SpRs and ST3+ trainees, LATs and cardiology research fellows. Each region has 2 elected representatives who ensure that information obtained through trainee surveys, local discussions and personal communications contribute towards the opinions expressed by the BJCA at various fora.
In this forthcoming year there will be the ninth international conference in nuclear cardiology which will be held in Barcelona. This will be a major event for all those involved in nuclear cardiology. Thus we look forward to an exciting and probably eventful 2009.

**British Society of Cardiovascular Imaging (BSCI)**  
President: Dr Charles Peebles

**THE BSCI IS NOW IN ITS SECOND FULL YEAR OF AFFILIATION TO THE BCS AND HAS GONE FROM STRENGTH-TO-STRENGTH. THE SOCIETY HAS RAPIDLY EVOLVED FROM ITS RADIOLOGICAL BACKGROUND AND NOW SUCCESSFULLY INCLUDES MANY CARDIOLOGISTS AT BOTH MEMBERSHIP AND COMMITTEE LEVEL.**

This is a process that we are actively trying to advance and we would welcome and encourage cardiologists to become involved at all levels. As multi-modality cardiovascular imaging society we are unique amongst the BCS Affiliated Groups. This brings the advantage of a holistic approach to imaging and a balanced attitude to the modalities available. Amongst our membership however there has been a particular growth of interest in cross-sectional imaging techniques, most notably Cardiac CT. This has been reflected in both our educational program and administrative activities. We are the only UK based society currently representing CT and this is a role we wish to expand upon.

Our 2008 annual general meeting was hosted by Dr Richard Coulden at the National Space Centre in Leicester and was entitled ‘valves in space’. With a multi-modality program and an excellent faculty the meeting was well attended and very well received. Our autumn meeting was held in conjunction with the BIR and organised by Dr Giles Roditi. This was billed as a Cardiac CT day ‘starting out in Cardiac CT’ and was sold out – reflecting the burgeoning UK interest in Cardiac CT. We also contributed to successful sessions at the BCS Annual Scientific Conference 2008, the UK Radiological Congress and the RCR annual scientific meeting.

As well as our active meetings diary there has been much activity behind the scenes. This is our first year working with professional secretarial support (BioMedex) and as expected we have seen significant benefits. Administration of the society has been streamlined allowing the committee to focus on the more pressing issues we face. In addition we now have the capacity to communicate with our members more frequently and this should produce real benefits for the society and its members over the next few years.

**British Nuclear Cardiology Society (BNCS)**  
President: Dr Simon Woldman

2008 HAS BEEN AN EXCITING BUT ALSO A CHALLENGING YEAR FOR BNCS MEMBERS. NUCLEAR CARDIOLOGY HAS CONTINUED TO GROW AND I AM DELIGHTED TO SAY THAT MOST DEPARTMENTS HAVE MANAGED TO ACHIEVE THE SIX WEEK WAITING TARGET MANDATED BY THE GOVERNMENT IN ORDER TO ACHIEVE THE OVERALL EIGHTEEN WEEK WAIT BETWEEN REFERRAL AND TREATMENT. THIS HAS REQUIRED A HUGE AMOUNT OF EFFORT BY ALMOST ALL NUCLEAR CARDIOLOGY DEPARTMENTS, LARGE CHANGES IN WORKING PRACTICES AND OF COURSE INCREASED RESOURCES AND EXPENDITURE.

An even greater challenge was a shortage of molybdenum generators for the production of the isotopes required to perform most cardiac imaging. This occurred as a result of a series of random events in various production plants around the world. The net effect was a huge reduction in the amount of tracer available to individual departments and even more pressure on waiting times. Again, there had to be radical re-arrangement of services. Thallium, a tracer, the use of which was declining suddenly become popular again and many of us only remember the days when just one injection was required to get both a resting and a stress image. This particular crisis is not over yet but should be solved sometime this year.

We contributed two talks to the British Cardiovascular Society Annual Scientific Conference 2008. In the multimodality imaging session, Ashley Groves, Consultant Radiologist and Nuclear Medicine Physician presented a case where the combination of cardiac CT and myocardial perfusion scintigraphy with a Rubidium PET agent combined to give excellent information when a patient presented with chest pain. Indeed, it was possible to see the occluded diagonal artery on the CT scan, and the resultant effect on the myocardial perfusion image. Dr Alex Jacobson presented data on imaging agents in heart failure, particularly MBG which gives unparalleled information on prognosis in heart failure.

At our own annual general meeting, we also discussed heart failure and the role of nuclear imaging in it and highlighted the importance of identifying ischaemia in heart patients with heart failure. We appraised new technologies, particularly cardiac CT and advantages in cardiac MR. We looked at technological advances in nuclear medicine imaging. There are now a variety of new gamma cameras that no longer work using scintillation crystals, but use solid state technology. This improves resolution and requires a lesser dose. There are also some new tracers which demonstrate for example fatty acid metabolism to be identified and a new stressor agent that will not have as many respiratory side effects.

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British Cardiovascular Society  
Annual Report 2009
The British Society of Cardiovascular Magnetic Resonance (BSCMR)

Chair: Prof Stefan Neubauer

The BSCMR continues to grow and now has just over 100 members.

The aims of the Society are:

- 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 and Exhibition.

During 2008, a new BSCMR Board was elected, which now comprises: Professor Henry Dargie (Chair-elect), Dr John Greenwood, Dr Francisco Leyva, Dr Gerry McCann, Dr James Moon, Professor Stefan Neubauer (Chair), Professor Dudley Pennell (Immediate Past-Chair) and Professor Reza Razavi. An Observer to the Board, Dr Lucy Hudsmith, was also appointed to represent trainees in CMR, as proposed by the British Junior Cardiologists’ Association.

The 3rd BSCMR Annual Meeting, held in Leeds in April 2008, was a great success, with over 70 participants and several exhibitors. The CMR Investigators’ Prize and posters again evoked great interest, and the Society will continue with this initiative in 2009. The awards were as follows: 1st Dr Paul Foley (Birmingham); 2nd Dr John Payne (Edinburgh); 3rd Taigang He (London); 4th Dr Rory O’Hanlon (London).

The 4th BSCMR Annual Meeting will take place in Oxford on 18 March 2009, and will include the popular ‘Read cases with the experts’ session.

At the BCS Annual Scientific Conference in June 2008, the BSCMR contributed to three sessions attended by a large number of cardiologists and radiologists, as well as trainees in CMR:
- Cardiovascular magnetic resonance for the assessment of coronary heart disease
- How to use murine magnetic resonance
- When cardiovascular magnetic resonance makes the difference: read with the experts

The BSCMR website (www.bscmr.org) underwent further development during the year, with the inclusion of further scientific material, including on-line lectures, slides from meetings, case studies and links. We are grateful to Dr James Moon for his input with this.

Our plans for 2009 include further close collaboration with the BSCMR, BNCS, and BSE under the auspices of the Imaging Council and individually. Specifically, the issue of appropriate tariffs needs to be concluded to everyone’s satisfaction. We will also be broadening our appeal to cardiologists, initially by running a cardiac CT training day organised by our trainee representative Dr Ed Nichol. We are also exploring the joint membership scheme with the BCS to offer beneficial membership rates to BCS members.
British Society for Cardiovascular Research (BSCR)

President: Dr Chris Newman

This annual report covers the activities of the British Society for Cardiovascular Research (BSCR) for the period 1 April 2008 to 31 March 2009.

BSCR Main Meetings

There were two main meetings which fell within the period of this report. The spring 2008 meeting was a joint meeting with the BCS held during the BCS Annual Scientific Conference in Manchester. The BSCR segment was held on June 2nd and 3rd. Organized by David Eisner and Barbara McDermott, it focused on “Causes and Consequences of Myocardial Infarction: New Concepts”. A report of this meeting was published in the BSCR Quarterly Bulletin (Vol. 21, No. 3). The Autumn Meeting, on September 15th-16th at the University of Bristol, was aimed primarily at young investigators and took as its theme “Cell Signalling in Cardiovascular Disease: Life or Death”. A meeting report was published in the Bulletin (Vol. 21, No. 4).

Workshops

Two workshops were held during this period. “Targeting Myocardial Reperfusion Injury: A New Frontier in Myocardial Protection” was held on December 1st at the Hatter Institute at University College, London and was organised by Derek Hausenloy and Derek Yellon. “Studying Vascular Biology Using the Zebrafish”, organised by Tim Chico and sponsored jointly with the British Atherosclerosis Society, was held at the University of Sheffield on February 5th. Both were great successes.

Committee, Officers and Elections

The Committee met on two occasions, on June 3rd at the BCS Annual Scientific Conference in Manchester, and on September 15th at the University of Bristol. At the end of 2008, there was a change of Chair and some changes in general committee membership. Dr Michael Curtis was re-elected as Treasurer. Professor David Eisner stood down as Chair after 3 years of excellent service to the Society and was replaced by Dr Christopher Newman (University of Sheffield). Dr Nicola King also stood down after 3 years of sterling service.

We look forward to continuing our work for the UK CMR community in 2009. Please visit our website www.bscmr.org for more about the Society and its projects.

Annual General Meeting

The AGM took place on September 15th at the University of Bristol.

Sponsorship

We are grateful to Anachem Ltd, AstraZeneca, the British Heart Foundation, the British Society for Gene Therapy, Cell Systems, Fisher Scientific, Miltenyi Biotec, Millipore, Moor Instruments, the Physiological Society, PromoCell, Qiagen, Tocris Bioscience and Wolf Laboratories for generous support. The journal, Clinical Science, continued to sponsor a Young Investigator Award of £250, given at each meeting for a best poster presentation.

The Bulletin

Four issues of the BSCR Bulletin were published.

Chair and BAS

Representative: Dr Christopher Newman (01/08 - ) University of Sheffield

Secretary: Dr Christopher Jackson (01/08 - ) University of Bristol

Treasurer: Dr Michael Curtis (01/08 - ) King’s College, London

Committee members:

Dr Yvonne Alexander (01/08 - ) University of Manchester

Professor Barbara Casadei and Dr Andrew Grace were re-appointed as clinical members of the Committee, after a ballot of members, Dr Cathy Holt was re-elected, and Drs Derek Hausenloy and Richard Heads both joined the Committee. The new composition of the Committee is shown in the text below.

BSCR Autumn Meeting 2008

BSMR Meeting at BCS Conference in Manchester, 2008

British Cardiovascular Society. Annual Report 2009
Annual Meeting 2008

The highlight of the programme was the International Lecture delivered by Professor Raphael Rosenhek from Vienna who spoke on the echocardiographic evaluation of aortic stenosis with particular reference to transcatheter valve implantation. Two abstract prizes were awarded. The prize for the best practical abstract went to Dr C Manisty from St Mary’s Hospital London and the Young Investigator award to Dr N Edwards from University Hospitals of Birmingham. Highlight of the extra-curricular activities was the fancy dress competition at the annual dinner which produced the usual eclectic mix of dubious taste with first prize being awarded to Dr Rick Steeds in the guise of Ms Ugly Betty.

Education and Training

For the second time a core training day for those new to echo was held on the Thursday prior to the main annual meeting and proved a major success with 130 delegates. In March we held the first advanced imaging day integrating echo, cardiac MR and CT and incorporating input from interventionalists and cardiac surgeons with a clinical focus on the aorta and aortic valve. This format was very successful and Advanced Imaging 2 will take place on February 23rd 2009 focusing on the Advanced Imaging of Interventional Electrophysiology.

The other major educational initiative of the year has been the publication jointly with the BHF of the Guidelines for Chamber and Valve Quantification initially in poster format and recently as a pocket size ring binder. Thanks to generous support from the BHF these have been distributed free to all current BSE members. Guidelines for the echo assessment of Marfan’s Syndrome and Hypertrophic Cardiomyopathy are in preparation.

Accreditation

The accreditation committee chaired by Ranjit More is completing a review of the syllabus for individual accreditation. The current syllabus is 14 years old and needs updating to make it relevant to current practice. Incorporated into the revision is the provision for experience in echo in critical care situations which will form the basis for an accreditation in critical care echo which is being developed by a group lead by Immediate Past President Dr Kevin Fox. In parallel the BSE, represented by Jane Graham, have been closely involved in the development of a syllabus for very basic peri-resuscitation echocardiography (FEEL) that is being piloted in March.

Departmental Accreditation

We are building on our existing links with the BHF to develop a “toolkit” to help departments prepare for BSE departmental accreditation. Whilst many departments reach most of the criteria for accreditation a sticking block is often the requirement for audit and quality control procedures. We aim to develop an online quality control package that can be used by any echo department to meet the requirements for Standard Accreditation.

Articles of Association

After a somewhat tortuous process the review of the Articles of Association of the BSE has been completed and the proposed changes were announced at the AGM. These will take effect after the 2009 AGM and are designed to make the BSE more responsive to its members. The most significant change will be the appointment of a Vice-President of the opposite discipline (cardiologist or non cardiologist) to the President who will serve a two year term concurrent with the President.

Website and Database

Work has commenced on building the new website. This is a substantial investment and is aimed at streamlining the administration of the Society and making it more responsive to members needs. Jane Graham and Dawn Appleby have been leading on this project.

Council and Committees

We are fortunate to have very high quality candidates standing for election to the council and four new members were elected in October: Rick Steeds, Rachel James, Keith Pearce and Guy Lloyd. Rick has taken over the Chair of the Education Committee from Nav Masani who is now President Elect. Helen Rimmington is now Chair of Departmental Accreditation. Tracy Levine has been appointed as Honorary Treasurer elect and will take over from Graham Leech in April.

Workforce Issues

The BSE continues to engage with the Department of Health on the ever shifting sands of Modernising Scientific Careers. We continue to promote the need for the recognition of specialist echocardiographers with a defined training scheme and career path. Helen Rimmington has lead on the preparation of a formal response to the DH.
Involvement in the BCS workshop on revalidation of cardiologists
Continuing nurse education in partnership with Glasgow Caledonian University and the British Heart Foundation, now also franchised to the University of the West of England
Producing two newsletters, reporting on meetings organised by the BSH; summary articles were also published in the British Journal of Cardiology, Cardiology News and Aging Health

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

Heart Care Partnership (UK) (HCP (UK))
The National Heart Patient Charity
President: Kenneth Timmis

EMPOWERING CARDIOVASCULAR GROUPS TO IMPROVE AWARENESS, EDUCATION, PREVENTION AND TREATMENT OPTIONS.

When David Geldard handed me the Presidency baton in October 2008, I accepted it with some trepidation. Under the leadership of David, Heart Care Partnership (UK) had, mainly due to his energy and drive, established itself as the patient arm of the British Cardiovascular Society and implanted patient empowerment and involvement into many national cardiac arenas. The partnership had formulated a sound charity commission friendly Constitution and set up its own bank accounts as well as laying firm foundations to represent the needs of patients and carers, embracing under-represented groups, particularly ethnic minorities and women.

The Trustees that David had gathered around him, myself included, represented a varied range of kindred organisations for patients and carers, which created an awe-inspiring catalogue of involvement, representation and interest in matters cardiovascular at local, regional, national and even international level and among Cardiovascular Networks.

The Society was also involved with seven successful sessions at the British Cardiovascular Society (BCS) Annual Scientific Conference 2008, in collaboration with other BCS Affiliated Groups. Programme titles included:

1. Investigations in heart failure: tracking changing prognosis and tailoring therapy (joint session with BNS/BSE)
2. Cardiovascular aspects of pregnancy (joint session with BCCA/HCP(UK))
3. Hypertension and heart failure (joint session with PCCS)
4. Cognitive dysfunction in heart failure (joint session with BGS-CVS)
5. Advanced heart failure: optimum clinical care includes embedded supportive strategies (joint session with NCPC/HCP(UK))
6. Non-compaction and heart failure (BSH session)
7. CRT: unanswered questions (joint session with BSE)

We have also been involved in a number of important initiatives and collaborations during the past year, including:

Continued engagement with the Heart Failure Association of the European Society of Cardiology to provide information on relevant services in the UK, and to share good practice
Collaboration with the Cardio & Vascular Coalition (CVC), including input to the Consultation for a Cardio & Vascular Health Strategy for 2010–2020 (Green Paper)
Continued work with the National Heart Failure Audit, run jointly by The Information Centre for Health and Social Care and the BSH, and funded by the Healthcare Commission
Planning for a new meeting in the BSH calendar: the BSH Trainee Meeting. The first event will take place on 22 April 2009, and is designed to meet the educational needs of the heart failure component of the SpR core curriculum in cardiovascular medicine and the needs for advanced training in heart failure

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
In addition David established links with other organisations and became heavily involved in many projects to benefit patients. We also became one of the founder members of the Cardiac and Vascular Coalition (CVC) of, as I write, 38 likeminded organisations. David was often found in the corridors of power, such as 10 Downing Street and the Houses of Parliament, fighting the patients’ cause.

The undoubted highlight of the year has to be the very well deserved award to David of an MBE for Voluntary Service to People with Coronary Heart Disease. Obviously David and his family were delighted, but I would want him to know that so were all his friends and colleagues.

Having tried vainly to keep up with him as President Elect, I now have to fill his size 10 shoes as President, an impossible task I assure you. I see my role as endeavouring to extend the membership and integrate vascular groups into our programme as well as continuing to provide patient and carer input on national committees.

I was delighted that my own Group, Wolverhampton Coronary Aftercare Support Group, gained the Queen’s Award for Voluntary Service 2008, a prestigious award equivalent to an MBE and the highest award that such a group could receive.

I was present at the launch of the European Heart Health Charter, an EU wide policy document on cardiovascular disease prevention and a wake up call for policy makers. I attended with David a discussion on the management of long term diseases with the Secretary of State for health and other MPs and also we presented together at an All Party Parliamentary Group on the value of drug eluting stents. Other Trustees have also been involved in high powered discussions on many and varied subjects of value to the patients we represent.

The task before us is immense. Cardiovascular diseases (CVD) are the main causes of death in the modern world. According to the World Health Organisation (WHO) Atlas of Heart Disease and Stroke (WHO2004), some 17 million people die each year from CVD, particularly as a result of myocardial infarction (MI) and stroke in what is described as a “global epidemic”. In the UK almost two thirds of all deaths in 2002 (some 238,000) were caused by CVD, CHD alone accounts for 117,000 deaths per annum (1 in 5 in men and 1 in 6 in women). Although the National Service Framework for Coronary Heart Disease has caused a dramatic fall in the mortality rate there is still a long way to go, though I am hoping that the many hours spent by the CVC members will go some way towards improving the outcome for future patients, both cardiac and vascular.

HOP President Ken Timmis at the Cardiac Nursing Awards 2008.

Our founding clinician, Dr. Jane Pint BSc MD FRCP, continues to press the case for women’s heart health. To this end she has within the BCS Joint Working Group formulated 12 recommendations and has attended the European Heart Network to look at national policies and information gathering. We are fully supportive of her work in this field.

Our commitment to cardiac rehabilitation and the current National Campaign is widely recognised and we are accepted by NICE as a point of patient reference for all cardiovascular matters. Our relationship with the Department of Health’s Heart and Stroke Team is also sound and we are closely involved with the rehabilitation BACR, BANCC the nurses group, and with MINAP, NICOR and the Society for Cardiothoracic Surgery in Great Britain and Ireland. We are linked with Thrive, a national charity that makes use of gardening to help with Cardiovascular Rehabilitation. We are also establishing credibility with congenital cardiology BCCA, heart failure BSH, the interventionists BCS especially regarding primary angioplasty, and the arrhythmia and sudden adult death. I should also mention our efforts to try and address patient concerns about the NICE guidelines on Antibiotic Prophylaxis.

Through our connection with Arrhythmia Alliance, whose support we value highly, we join with organisations across the globe in participating in Arrhythmia Awareness Week and World Heart Rhythm Week.

Our work encompasses patients, and their carers, with Congenital Heart Disease. Currently members of HOP (UK), Paul Wilgoess and Suzie Hutchinson, are representing the users’ voice within the congenital branch of the Cardio & Vascular Coalition (CVC) and the National Service Revision for Paediatric Services that hopes to report in two years time.

In all this we have greatly appreciated the invaluable and quality administrative support of Azeem Ahmad and more recently Lulu Ho.

As the “new boy” as President I am extremely grateful to all the Trustees for their continued efforts on behalf of our patients and their carers. I am also grateful for the warm and friendly reception and acceptance of this naive “service user” by professionals and health officials and I look forward to discarding the “L” plates and entering more fully into the next few years of partnership.
Heart Rhythm (UK) (HRUK)

President: Dr Edward Rowland

OUR AIM IS TO DELIVER QUALITY AND EQUALITY IN ARRHYTHMIA CARE. HEART RHYTHM MANAGEMENT REMAINS ONE OF THE MOST RAPIDLY EXPANDING AREAS OF CARDIOLOGY. THE LAST YEAR HAS SEEN NO LET UP IN EFFORTS TO DELIVER OUR AIMS. HRUK IS COMMITTED TO FOSTERING THE MULTIDISCIPLINARY DELIVERY OF ARRHYTHMIA CARE AND THIS IS BEING DELIVERED IN PART BY CLOSER INTEGRATION WITH OTHER PROFESSIONAL AS WELL AS PATIENT ORGANISATIONS.

The core of our activity remains the affiliations to other clinical disciplines through the British Cardiovascular Society and to the patients through the Arrhythmia Alliance. In addition to our contribution to the BCS Annual Scientific Conference, HRUK co-hosted the 2008 Heart Rhythm Congress with the Arrhythmia Alliance in October. This has become a major arrhythmia meeting attracting national and international attendees. The number of participants continues to grow with over 2,500 passing through the doors over the 3 days. Education remains at the core of our activity - the training of the next generation of clinical staff responsible for delivering arrhythmia care is our priority. HRUK has sponsored workshops on catheter ablation and meetings on device implantation.

The syllabus for cardiological training in electrophysiology and devices has been completed and this comprehensive document forms the basis for ensuring the highest standards for training heart rhythm specialists. From this we have begun the process of developing regional training programmes which we plan to devolve nationwide. The training of physiologists involved in heart rhythm management is also a crucial activity, reflecting their increased clinical responsibilities. The HRUK certificate of accreditation exam continues to attract increasing numbers of candidates and discussions are now taking place on the expansion of this initiative into Europe.

In this increasingly regulated world we have to demonstrate that what we do is effective and measurable. We recognise that data collection is of critical importance both to inform the value of our work and to ensure that service developments are resourced appropriately. Our data on Cardiac Rhythm Management is part of CCAD, it now comprises electrophysiology procedures as well as devices, and HRUK remains committed to the value of national data collections while recognising that it must be appropriately supported. Data entry is time consuming – we believe that our successful efforts through the Healthcare Commission to benchmark data completion in a timely fashion will ensure that their data entry workload is supported by Hospital Trusts. Just one of the continuing pieces of work that use this data is the Network Devices Survey which has just produced the results for 2007. Changing patterns of pacemaker, ICD and CRT implantation show that whilst growth continues the variance from region to region is a concern. Managing the epidemic of atrial fibrillation will remain a core component of our work for the foreseeable future. HRUK is working with others to update the NICE guidance as well as developing models of care. All these will soon be available on our new look website.

Primary Care Cardiovascular Society (PCCS)

Chair: Ms Jan Procter-King

AFTER A DIFFICULT START FOLLOWING THE DEATH OF GILL BROWN WHO HAD PLAYED A KEY ROLE IN THE PCCS OVER RECENT YEARS, 2008 TURNED OUT TO BE ONE OF THE MOST SUCCESSFUL YEARS IN THE HISTORY OF THE PRIMARY CARE CARDIOVASCULAR SOCIETY.

Two important developments were an invitation from the Department of Health Vascular Team for the Society to become a major stakeholder in the vascular risk prevention initiative ‘Putting Prevention First’, and the closer involvement with the RCGP via membership of the Association of Primary Care Societies (APCS). As such the PCCS represents the College on all cardiovascular issues.

As part of our consultation exercise regarding vascular checks we ran five meetings in Glasgow, Leeds, Birmingham, Manchester and London with Medical Management Services resulting in the publication of ‘Putting Comprehensive Cardiovascular Risk Management into Primary Care’ which was launched at our Annual Conference. We have introduced a university-accredited vascular risk training course which we run jointly with the Bradford Training Centre and have developed a Vascular Risk Toolkit for PCTs.

The PCCS is a member charity of the Cardio & Vascular Coalition, led by the British Heart Foundation and
has provided input throughout the year to the development of a white paper ‘Destination 2020’ which will provide an outline of recommendations for developing cardiovascular care in the second decade of this century.

The Society had a busy events programme. In April we were involved in a very successful ‘Anticoagulation in Practice’ meeting in Birmingham. Our first regional meeting was held in Cardiff in May and the model worked so well that we held a second meeting in London in November with the London Cardiac networks. We plan to expand our regional meetings programme throughout 2009. In June we held a joint symposium with the British Society for Heart Failure at the BCS Annual Scientific Conference in Manchester. Our GPs with a Special Interest (GPSIs) in Cardiology and Cardiovascular Nurse Leaders (CVNLs) groups continued to thrive. Both groups held their own meetings during the year, as well as linking with our main meetings. The Society is currently exploring the setting up of additional special interest groups for Cardiovascular Pharmacists and GP Registrars.

As previously, the high point of our events calendar was the PCCS Annual Scientific Meeting and AGM, held this year in Chester with the topical theme ‘Cardiovascular Disease and Deprivation’. We had a record attendance of some 250 delegates over the three day meeting, and excellent feedback on our new format for a less formal learning environment, which we shall repeat in 2009.

At the AGM, a new constitution for the Society was accepted by the membership. Jan Procter-King became the PCCS new chairman with Kathryn Griffith as chair-elect. PCCS founder member, Mark Davis, and chairman Terry McCormack stepped down from the Board. Our grateful thanks go to both of them for the key roles they have played in the development of the Society over the last few years.

For more information on the work of the PCCS visit our website www.pccs.org.uk

**Society for Cardiological Science and Technology (SCST)**

Chair: Dr Brian Campbell
President: Prof Robert Wilcox

**CARDIAC PHYSIOLOGIST TRAINING HAS CHANGED DRAMATICALLY OVER THE YEARS IN ORDER TO PROVIDE SERVICE WITH A SKILLED AND COMPETENT WORKFORCE. A SIGNIFICANT IMPROVEMENT HAS BEEN THE INTRODUCTION OF THE BSC (HONS) CLINICAL PHYSIOLOGY (CARDIOLOGY) THAT PROMOTES A NATIONAL STANDARD OF TRAINING.**

The depth of knowledge required for the safe and competent Cardiac Physiologist forms the core of the degree programme and this is now the only entry route for the profession as 2008 saw the final opportunity to acquire SCST professional body examinations independent of the degree programme.

**Cardiac Physiology Trainers funded by British Heart Foundation**

A welcome development within the last year has been the funding provided by the British Heart Foundation (BHF) for 10 Cardiac Physiologist Trainer posts. The induction meeting for the Cardiac Physiologist Trainers was held in January 2009. Most Cardiac Physiologist Trainers are already in post, some from early last summer with the remaining posts expected to be filled by Spring 2009. I was pleased to accept the invitation for a representative from SCST to speak at the meeting. I found the meeting very positive and look forward to the development of close links between the SCST Education Committee and the BHF Cardiac Physiologist Trainers.

**Modernising of Scientific Careers (MSC)**

Seismic changes in training and education are likely to occur following a period of consultation regarding Modernising Scientific Careers (MSC). The MSC programme is the first opportunity of a formal postgraduate training structure for Cardiac Physiologists and to this end it is to be welcomed. However, it will certainly have a significant impact on the future of this profession, particularly as the proposals put the aforementioned Clinical Physiology (Cardiology) degree in jeopardy.

A stated aim of the MSC programme is to ensure “that the delivery and quality of analytical and interpretative outcomes are robust and valid”. SCST have significant concern regarding the outcomes of the suggested format of the training pathways within MSC. In particular the suggestion that trainees should be rotated through other specialties such as respiratory physiology and perfusion, spending only 18 months within cardiology during a three year training programme.

As Healthcare Scientists, SCST fully recognise the complexity of the diagnostics undertaken and would strongly advocate that the rotational element of the scientific training programme must be limited to cardiology if there is not to be a drop in the training standards provided by the current Clinical Physiology BSc in Cardiology.

**Registration**

The necessity for statutory regulation of our profession was recommended by the Health Professionals Council and subsequently accepted by the Secretary of State in 2004.
In May 2007 the Department of Health confirmed this as a priority and although they felt it unlikely to take place before 2009. The Registration Council for Clinical Physiologists (RCCP) who hold the voluntary register have subsequently engaged professional lobbyists, Whitehouse Consultancy group, to reinvigorate the much-delayed state registration process. RCCP have recently met with Parliamentarians and other stakeholders such as Martin Else, the Chief Executive of the Royal College of Physicians, and Harry Cayton, the Chief Executive of the Council for Healthcare Regulatory Excellence (CHRE), Vanessa Bourne, Head of Special Projects at the Patients Association, and Marc Seale, Chief Executive of the Health Professions Council.

Item 87 of the “Modernising Scientific Careers – The Next Steps” consultation document confirmed the fears of the RCCP Council. The MSC document clearly states that the aspirant groups for regulation such as clinical physiologists will be “resolved as part of… the separate consultation on proposals for the regulation of the roles.” The implementation date for MSC is 2012 and it will take at least 3 further years before regulation can be achieved under the new arrangement. This additional delay poses significant risk to patients and is unacceptable to SCST.

Joint membership

The option of joint membership of SCST and the British Cardiovascular Society (BCS) has been introduced and started from January 2009. This provides an opportunity to develop stronger links between both groups as well as providing additional membership benefits such as online access to Heart and other journals. SCST fully endorsed this change and have encouraged their membership to take advantage of this opportunity.

Annual Conference and Exhibition

Cardiac Physiologists will be integrated into the programme at this year’s BCS Annual Conference and Exhibition with a change in format from previous events. A session on Monday 1st June will be associated with the Society’s AGM. SCST look forward to seeing how our membership finds this new arrangement.