



British Cardiovascular Society: plans for 2011



In this fifth article from the British Cardiovascular Society (BCS), Professor Keith Fox, BCS President, looks to the future of a changing healthcare environment.

The past year and what lies ahead

For each of our key BCS Divisions, the Vice-Presidents have not only set out strategic objectives but have also implemented the first stages of these plans – while also responding to all the external issues that impact upon cardiology. A huge tribute goes to the work of the BCS Executive and the respective BCS Committees. Without this personal effort and major time commitment none of our achievements would have been possible.

Education and research

Dr Iain Simpson, Vice-President for Education and Research, has set out our educational strategy - clear tracks have been set in education and continuing professional development for trained specialists, dedicated sessions for trainees and an 'innovation track' consisting of clinical, translational and basic science. Dr Simpson completes his term this year, having made a huge impact on our education programme. We are delighted that Dr Sarah Clarke will start her Vice-Presidency of the Education and Research Division having already made excellent contributions to communications and education.

Despite the financial climate, we held a dynamic and successful conference in 2010 with increased participation. We have done this by structuring the conference to directly meet the needs of our membership and Affiliated Groups. Importantly for our BCS Annual Conference, we have worked with Affiliated Groups to develop highly relevant and integrated programmes. This is important to provide key information on who needs sub-specialty referral and what new developments impact upon symptoms and outcome. Hence, the BCS Annual Conference aims to complement, not compete with, the Affiliated Groups' own conferences.

We have been successful in establishing a partnership with the British Heart Foundation to support first the basic science track of the BCS Annual Conference (linked to the British Atherosclerosis Society and the British Society for Cardiovascular Research) and following the increased attendance and success of this track we now have funding support from the British Heart Foundation for the clinical/translational science track in the conference this year. This not only underpins and strengthens our programme but also allows us to invite key international speakers. In 2010, the National Training Day in December was a great success as was the BCS & Mayo Clinic Cardiology Review Course, which attracted a record number of participants (over 260).

With the California Chapter of the American College of Cardiology (ACC), we have developed a 'twinning programme' of educational activities, a bidirectional fellowship and new preceptorships (opportunities for short-term experience and training in specialist centres in California, and reciprocal places in the UK).

Training

Dr Jim Hall, Vice-President for the Training Division and also the Chair of the Specialist Advisory Committee in Cardiology, is helping to ensure the Training Programmes are well developed. We will again run the Knowledge Based Assessment for StRs in Cardiology at the BCS Annual Conference. Workforce planning is challenging, especially in light of the proposed healthcare reform, and a great deal of work has gone into ensuring that we meet the cardiology workforce needs, for the medium and long term not just those of the immediate financial constraints.

Clinical standards

The Clinical Standards Division, led by Vice-President Dr Simon Ray, has



Steering the BCS through challenging times, the BCS board. From left: Derek Yellon, Graham Meek, Navros Masani (BSE), Charles Knight, Steven Yeats, Iain Wilson, Sarah Clarke, Edward Rowland (HRUK), Jim Hall, Simon Ray, Mark de Belder (BCIS), Nigel Turner, Keith Fox

been very active. The Imaging Council is innovative and links a range of imaging modalities with the aim of defining common standards and devising the most appropriate pathways for investigating cardiology patients. Through the hard work of the Clinical Standards Committees, the Map of Medicine Pathways have been substantially revised and improved, and this work is conducted in conjunction with the Royal College of Physicians. We see the Maps of Medicine as increasingly important, alongside National Institute for Health and Clinical Excellence (NICE) guidance, in providing a 'tool box' for new healthcare commissioners.

Corporate and financial affairs

Our Corporate and Financial Affairs Division has been expertly led by Vice-President Professor Derek Yellon. We have managed to reduce our costs and diversify our income streams. This is a healthy position where income to the

NEWS FROM THE BCS

Society comes not only from subscriptions and the Annual Conference but also from our co-ownership of *Heart*, with BMJ Publishing. *Heart* continues to flourish and this is a real tribute to the editorial team and to Professor Adam Timmis. During the turbulent financial crisis Professor Yellon and the Finance Committee have sought expert external advice and guided us through this difficult time. Because of this, we can continue to develop and embark on new initiatives.

Thanks

At the 2011 Annual Conference Dr Charles Knight will step down as Honorary Secretary and we owe him a huge debt of gratitude for all his work behind the scenes. Our membership numbers have grown to 2,250 and we now have a more active voice in the public domain through the BCS Press Office.

Above all, we must thank our Chief Executive, Steven Yeats, and the staff of the BCS – we have a vibrant, busy and productive organisation ●



BCS is based at 9 Fitzroy Square, London W1T 5HW. The Society can be contacted on enquiries@bcs.com. Its web address is: www.bcs.com

MEETING REPORT

Valve disease: the forgotten epidemic

A report from the first training day of the British Heart Valve Society, held recently at the Royal Society of Medicine, London.



The recently-formed British Heart Valve Society aims to enlarge knowledge and understanding in order to improve the management of valve disease. A feature will be the involvement of all disciplines with an interest in valve disease to enlarge research ideas but also to help address clinical or organisational problems. This approach was evident in the Society's first training day *Valve disease: the forgotten epidemic* but will also be carried out through educational events, collaborative research and articles focusing on points of concern.

Genetics of valve disease

The value of cross-fertilisation from specialisations outside clinical cardiology was illustrated by a summary of the genetics of valve disease by Dr Leema Robert (Guy's and St Thomas' Hospitals, London) showing the complexity of valve development and biology and hinting at the largely unaddressed importance of genetics in clinical studies. Professor Kim Parker (Imperial College, London) summarised basic hydrodynamic theory and demonstrated methods of imaging flow disturbances, which will be particularly important in improving ways in which we describe valve-aortic interactions. Professor David Newby (Edinburgh University) reviewed the biological mechanisms of aortic

atheromatous disease and the likely reasons for the cholesterol-lowering trials being negative. Current work on inflammation may lead to new treatment methods.

Regional variation in services

The Society aims to detect and, if possible, correct deficiencies in the service. Mr James Roxburgh (Guy's and St Thomas' Hospitals, London) discussed the huge variation in access to aortic valve replacement surgery with East Anglia being best-served and Yorkshire the most deprived region in the UK. The reasons for these variations need closer examination but may partly be due to differences in the organisation of care for valve disease including the existence of specialist centres with 'hub and spoke' referral from feeder hospitals. Mr Frank Wells (Papworth Hospital, Cambridge) discussed advanced techniques for mitral valve repair feasible only in a highly specialist centre. We know that mitral valve repair rates also vary unacceptably between centres in the UK, as in Europe and the USA, and this is probably best addressed by concentrating valve surgery at specialist centres with specialist surgeons, interventional cardiologists, non-invasive cardiologists specialising in valve disease and expert sonographers.

Methods of organising surveillance clinics at feeder-hospitals were discussed by Dr Guy Lloyd (Eastbourne Hospital) and improvements

in timing of surgery obtained by biomarkers, mainly BNP as discussed by Dr Simon Ray (Wythenshawe Hospital, Manchester) and routine exercise testing as discussed by Professor John Chambers (KCL and Guy's and St Thomas' Hospitals, London). The need for better methods of risk assessment were delineated by Professor John Pepper (Imperial College and the Royal Brompton Hospital, London) and Mr Prakash Punjabi (Hammersmith Hospital, London), who discussed the effect of right ventricular anatomy and physiology on risk in valve disease. In addition, we need to improve the initial step of detecting valve disease early in the community. Dr Bernard Prendergast (John Radcliffe Hospital, Oxford) reported early results from the OxValve study showing a high incidence of undiagnosed valve pathology. We need to evolve methods of improving this and, although routine auscultation above the age of 65 might be attractive, the OxValve results suggest that a programme of screening echocardiography might be needed.

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- Involvement in the British Heart Valve Society is open to anyone with an interest in valve disease. Contact John Chambers (john.chambers@gstt.nhs.uk) or Roger Hall (Rogerhall1@aol.com).