

# **Carrel club Report**

## **BTS Council**

15/06/2005

**Membership:** 46 surgical trainees – 15 centres

### **Achievements:**

- Broad membership and center representation
- Established annual meeting (2<sup>nd</sup> annual meeting 4<sup>th</sup> of November in Birmingham)
- Elected trainees representation within BTS (Council and Training Committee) and ASIT
- Elected structure for fixed term office
- Increased number of trainees attending international meetings (8 at the ATC due to the BTS bursaries)

### **Intentions for the next years:**

- Development of a website coordinated with the BTS one. Proposal submitted to the BTS Executive (site linked to the BTS and maintained by same team with input from designated webmaster with regards to content)
- Widen the educational activities
- Collaboration with other trainees organizations
- Collaboration with UKT and other Registries to increase the academic profile of the members and the respective organizations
- Establish exchange training programmes within the UK and abroad (with BTS input)

# **Carrel Club position on the Review of Certain Constituent Parts of the British Transplantation Society**

The club welcomed the review and the opportunity to express the trainees' views on these issues. The specific points raised in the review of the transplant surgery chaired by Prof. Nicholson were discussed at the meeting in Belfast and the following conclusions were agreed by the members of the Carrel Club.

## **1. How can recruitment to transplant surgery be improved?**

Given the current strength of the Carrel Club, recruitment looks promising but there is a need to ensure that interest in the speciality is maintained and the trainees will be attracted into Consultant Transplant positions (multi-organ or combined speciality). The club supports previous recommendations, namely:

1. More attractive salary and contracts for transplant specialists who have to work unpredictable hours
2. The merging of small transplant units into larger centres to allow greater flexibility with rotas.
3. Increased exposure of junior doctors to transplantation at a time when they are making their career choices.
4. Attractive training programmes with a more concentrated and relevant training in general surgery and longer targeted training in transplantation (3 out of 6 years).
5. Establish
6. This is a considered a significant disadvantage compared with other surgical specialities
7. There are serious concerns over both the quality and the volume of training opportunities, particularly with the introduction of EWTD
8. Working patterns that allow the flexibility to combine on-call rotas and research with the clinical commitments
9. The BTS should actively support academic surgeons working in transplantation.

## **2. How can the new consultant contract be used to improve the lot of the kidney transplant surgeon?**

1. BTS should provide guidance as to how a new consultant/senior trainee should write their job plan in order to maximise benefits from the new contract.
2. BTS should provide support and advice to consultants in disagreement with their Trust with regard to their job plan.
3. Number and structure of PAs should reflect high intensity on-call.

### **3. What is the relationship between the British Transplantation Society and the Royal Colleges of Surgeons?**

Carrel Club supports strengthening links between BTS and colleges and various ways to ensure this should be explored.

### **4. What is the relationship between the British Transplantation Society and the Association of Surgeons of Great Britain and Ireland?**

1. BTS annual congress and ASGBI meeting being held on the same dates has been greatly limiting and actively discourages surgeons/surgical trainees from taking part in BTS activities.
2. The Carrel Club strongly believes that this should continue if successful links between the BTS and ASGBI are to continue.

### **5. How can we ensure appropriate consideration of individuals for clinical excellence awards?**

This issue was not discussed.

### **6. How can women be encouraged to consider a career in transplant surgery?**

1. The Carrel Club supports strategies to increase the numbers of women training in transplant surgery.
2. Opportunities for flexible training patterns should be introduced/highlighted.
3. The general feeling, in particular from the women members of the Club, was that at the trainee level this was not necessarily an issue. This was reflected by the membership of the Club (20% are women).

### **7. Are transplant surgical issues covered appropriately in the annual meeting of the Society?**

1. The Carrel Club supports the multidisciplinary nature of the BTS and feels this reflects the field of transplantation.
2. It would be useful to provide the opportunity within the current structure of the annual congress to discuss surgical issues, e.g. training, impact of multi-organ retrieval etc.
3. The Carrel Club provides such a forum for trainees, but in addition, it would be helpful to be able to discuss such issues with consultants in a multi-organ setting.

## **8. Proposed creation of an Association of Transplantation Surgeons**

The Club has also discussed the proposal of an Association of Transplantation Surgeons. The relationship between the BTS and the ASGBI has been highlighted as an area of importance. The surgical transplantation community is currently the only surgical specialty not have a specific Association that has representation on the ASGBI council. The BTS President is invited to sit on the Association Council, but this is not necessarily appropriate when that position is filled by a non-surgeon. This has stimulated debate as to whether an 'Association of Transplant Surgeons' should be created.

Although the group did agree the formation of such a group would provide a voice to air the specific concerns of the transplant surgery community, the consensus was that:

1. Transplantation surgeons as a group are too few in numbers to provide sufficient mandate for a specific Association
2. The inevitable splitting of the 'voice of transplantation' would be detrimental to all in the transplantation community
3. One of the strengths of the transplantation community is the integration of all interested parties through the BTS
4. However, a stronger voice should be identified to sit on the ASGBI council; possibly a surgeon elected from the membership of BTS to fulfil this position and who should also seat in the BTS council. The representative could be elected by the surgical members of the BTS or voted by all members. The group acknowledged that this way of electing a BTS council member may require a similar approach for other specialities represented in the BTS.