British Cardiovascular Society: from club to community

Nicholas Anthony Boon

An institution can only endure and flourish if it adapts to meet the changing expectations and values of its members and the wider society it serves. As I reflect on the 40 years that I have worked in cardiology, it seems to me that the British Cardiovascular Society (BCS) has done that rather well if at times a little too slowly.

The first meeting of the Cardiac Club took place in 1922, 6 years before the Representation of the People Act gave women in the UK equal voting rights so it is perhaps not surprising that the first female physicians to become members, Dr Janet Aitken and Dr Doris Baker, were not elected until 1940.[1]

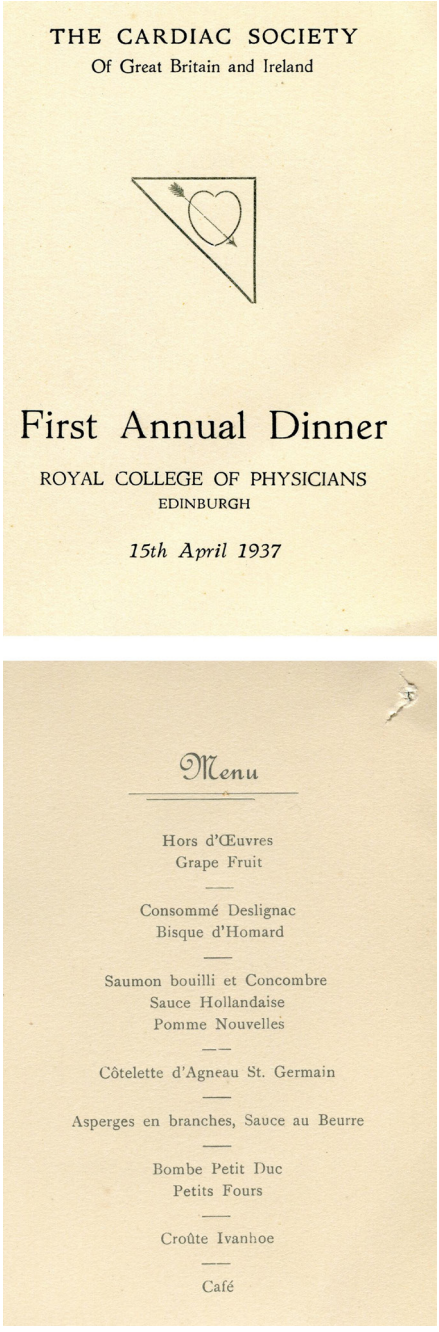
By then, the Society was growing slowly and was holding regular meetings. Nevertheless, it still functioned as an exclusive club for elite physicians who seem to have enjoyed fine dining (figure 1).

Indeed, even when I joined BCS in 1982, I could only do so because I had effectively completed my training, presented several papers at the annual conference and had been formally proposed by my boss and mentor Professor Peter Sleight. New members were formally introduced at the Annual General Meeting (AGM), had to sign a register and, like all contributors to conference, were referred to only by their surname.

The transition from an exclusive club run for the benefit of a few select members to an inclusive forward-thinking organisation that aims to support everyone who works in cardiovascular health was, in my view, driven by a series of initiatives, starting in the 1960s, designed to support trainees, nurses, physiologists and other allied healthcare professionals working in cardiovascular medicine.

Almost all the cardiology trainees in the UK are now members of BCS and I would like to think that they are well served by the Society's educational programme and its pivotal role in shaping, delivering and monitoring the training curricula.

Medical institutions woke up to the need to involve patients in their activities very late in the day but I am proud to say that patient representatives now sit on all the key BCS committees and contribute to the annual programme.


THE CARDIAC SOCIETY
Of Great Britain and Ireland

First Annual Dinner

ROYAL COLLEGE OF PHYSICIANS
EDINBURGH

15th April 1937

Menu

Hors d'Œuvres
Grape Fruit

Consommé Deslignac
Bisque d'Homard

Saumon bouilli et Concombre
Sauce Hollandaise
Pomme Nouvelles

Côtelette d'Agneau St. Germain

Asperges en branches, Sauce au Beurre

Bombe Petit Duc
Petits Fours

Croûte Ivanhoe

Café

Figure 1 The menu for the first annual dinner of the Cardiac Society of Great Britain and Ireland, 15 April 1937.

I recall that in 2007, my first year as president, I invited one of my patients with peripartum cardiomyopathy to speak at the conference and attend the dinner as my guest. I have to confess that my expectations were not high but I could not have been more wrong. No one who attended that session could fail to have been moved by her vivid description of what it was like to be lying in a hospital bed with her baby, wondering if she was about to die and why no one seemed to understand, or even care, what was wrong with her. That experience changed the way I spoke to my patients and is powerful testimony to the value of the patient's perspective and the influence it can exert on healthcare policy.

A desire to broaden BCS' horizons lay behind the farsighted but, as I recall at the time, very contentious decisions to change the name of our journal to 'Heart' in 1996 and rebrand the Society as the 'British Cardiovascular Society' in 2006. The latter decision was part of a package of revolutionary governance changes set out in a visionary document called 'Strategy for Change' that was adopted at the 2005 AGM. This work was initiated and led by Professor Huon Gray and included provision for formal elections to all the key posts in BCS and a new mission statement (figure 2) that formalised the Society's commitment to setting standards, training, advocacy and collaboration with patients and other partner organisations.

The introduction of open democratic principles to BCS signalled a welcome move away from Good Old Boys Sat Around a Table politics but has only succeeded because so many members have had the motivation and courage to stand for election. A strong field of candidates is obviously an essential prerequisite to a healthy democracy but it is perhaps also worth emphasising that candidates who are not elected often help to shape policy by highlighting important or neglected issues.

The evolution of BCS has not all been plain sailing. The extraordinary advances in the understanding, investigation and treatment of circulatory diseases during my career have spawned numerous specialist and subspecialist groups who sometimes felt that their interests and expertise were not properly represented by the existing establishment. In the same way that the influence of the Royal Colleges has at times been tested by the success of mainstream specialty societies, these subspecialty groups might have posed an existential threat to BCS.

Fortunately, the Society's leaders have always understood that, if BCS was to retain its relevance, the emerging and energetic special interest cardiovascular groups should be embraced and nurtured. Thus, in 1992, the constitution of the BCS was rewritten to enable these organisations to be affiliated to the Society. Hence, in addition to representing cardiologists, surgeons, radiologists, general practitioners and basic scientists, BCS

Retired, Hertfordshire, UK

Correspondence to Dr Nicholas Anthony Boon, Latimer Chase, Chorleywood, Hertfordshire WD3 6FA, UK; boons79@gmail.com

Mission Statement

The British Cardiovascular Society will:

- set standards of excellence; for individuals, organisations and the care of patients with cardiovascular disease
- be committed to training and education, and support the practice, of professionals working within cardiovascular health, science and disease management
- be the primary source of professional advice and advocacy in these areas, to government, funding bodies and industry
- deliver these objectives in collaboration with patients, the public and partner organisations

Figure 2 Mission statement: A Strategy for Change, 2005.

now acts as an umbrella organisation for 21 affiliated groups who in turn represent more than 12 000 nurses, physiologists and other allied healthcare professionals working in cardiovascular medicine.

Figure 3 Hands-on training in (A) cardiac catheterisation, (B) transoesophageal echocardiography and (C) surgical skills. BCS Annual Conference and Exhibition, Manchester 2019.

The unrivalled success of the European Society of Cardiology (ESC) meetings in the 1980s posed another existential threat to the BCS Annual Conference and Exhibition. The BCS meeting was no longer seen as a place to present groundbreaking research and attendance waned until the conference was reinvigorated by a renewed emphasis on Education and Continuing Professional Development. Similarly, the exhibition, which was at one time the Society's main source of income, began to dwindle in the face of international competition and changing attitudes to industry, until the commercial stands were replaced by innovative training sessions and high tech simulators (figure 3).

British cardiology has always punched above its weight at international meetings and is a valued contributor to a variety of international cardiovascular organisations and guideline development groups. BCS plays an important role in coordinating and strengthening these collaborations and has particularly strong links with the ESC and the American College of Cardiology. Cherishing these links has, in my view, enhanced the reputation and influence of BCS at a time when many National Societies were in danger of being marginalised.

The Society also fosters collaboration at home and played a pivotal role in developing the influential first, second and third Joint British Societies consensus recommendations on the Prevention of Cardiovascular Disease[2–4] (a fourth set of recommendations is in development).

BCS' close links with the British Heart Foundation (BHF) are particularly important. The two organisations have developed and flourished in parallel and provide mutual support at many levels. The BHF was founded in 1961 and currently spends more than £100 million a year on cardiovascular research. Most national cardiac societies take responsibility for raising research funds and the BHF's success in this field has allowed BCS to devote more time and energy to education, training and professional standards. I was always surprised that an organisation like BHF did not hold an annual conference to showcase its work and was delighted when, just as industry support for our exhibition waned, its leaders agreed to increase its profile at the BCS conference, with an awards ceremony and first-class basic science presentations.

A centenary is a nostalgic occasion that invites this sort of reminiscence and reflection but is just another milestone and if BCS is to continue serving the cardiovascular community well, it will have to adapt to the challenges of a rapidly changing world. I think it has the resources and talent to do so and am confident that it will continue to thrive.

Contributors NAB was the sole author of this work.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not required.

Ethics approval This study does not involve human participants.

Provenance and peer review Commissioned; externally peer reviewed.

To cite Boon NA. *Heart* 2022;**108**:749–750.

Heart 2022;**108**:749–750.
doi:10.1136/heartjnl-2021-320140

ORCID iD
Nicholas Anthony Boon http://orcid.org/0000-0002-1401-7458

REFERENCES

1 Silverman ME, Fleming PR, Hollman A, *et al*. *British Cardiology in the 20th Century*. London: Springer, 2000: 54–8. ISBN: 978-1-4471-0773-6.
2 Joint British recommendations on prevention of coronary heart disease in clinical practice. British Cardiac Society, British Hyperlipidaemia Association, British Hypertension Society, endorsed by the British Diabetic Association. *Heart* 1998;80 Suppl 2:S1–29.
3 British Cardiac Society, British Hypertension Society, Diabetes UK. JBS 2: Joint British Societies' guidelines on prevention of cardiovascular disease in clinical practice. *Heart* 2005;91 Suppl 5:v1–52.
4 JBS3 Board. Joint British Societies' consensus recommendations for the prevention of cardiovascular disease (JBS3). *Heart* 2014;100 Suppl 2:ii1–67.