Myself, Prof. Subhendu Sekhar Mahapatra, MS, MCh (CTVS) is presently working in a Govt. Medical College Hospital. Our Institute, IPGMER and SSKM Hospital is the oldest hospital in Asia, established in the year 1707, ie, 315 years back. I am honoured to be the representative of the Hospital having such a glorious past which is also having the legacy to train Cardiothoracic and Vascular surgeons (MCh course) since 1974.

 I want to join as an Executive Committee Member in the National forum so that I can get the necessary support from my fellow mates of this Association from different parts of the country to fulfil my aim of overall development of this speciality in the Eastern and North-Eastern region. I emphasise on the cumulative effort of my contemporary surgeons , senior and juniors from this part of the country specially North-Eastern states to accomplish the common goal.

 The upgradation of the MCh(CTVS) curriculum is necessary to make it more structured, organised and demand based. In my opinion these should include the followings :

1. Inclusion of training on Echocardiography, will definitely help the surgeon for better

decision making and will have better outcome.

 2. Training on Cath-lab based procedures.

 3. Exposure to Hybrid Procedures.

 4. Training in MICS.

 5. The conventional one final examination after the completion of the MCh training

 programme is inadequate. The teaching should be more interactive and problem based

 learning to be practised. One yearly assessment programme may be conducted not

 only to gather knowledge but to motivate the candidate.

 The number of the CTVS surgeons are very less compared to the disease burden and the number of aspiring cardiothoracic surgeons are also low. Main reasons are-

1. It has a steep learning curve with a long and exhaustive working hours.
2. Time needed to get a foothold as an independent surgeon is longer compared to the other surgical speciality.
3. To some extent practice is dependent on referrals.
4. There is often a sheer mismatch between the effort of the surgeon and the societal return.

 As per present demand, to increase the number of aspirants in cardiothoracic surgery, we need to include at least a Cath-lab in the form of Hybrid-OT, learn to manage the patients with Acute Coronary Syndrome and also some non cardiac event management by catheter based procedures, like arterial embolisation , arterial and venous stenting procedures etc.

 I strongly feel, our esteemed Association should exert a strong recommendation to the highest body (NMC) in this regard.