



Society for Cardiothoracic Surgery
in Great Britain and Ireland

The Society for Cardiothoracic Surgery **in Great Britain and Ireland**

GUIDE TO CARDIOTHORACIC SURGERY DEANERIES

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FOREWORDS

This guide was compiled to help applicants to the cardiothoracic national recruitment by providing a comprehensive overview of all cardiothoracic surgery training regions in Great Britain and Ireland. It contains relevant information for each programme (participating hospitals/trusts, proposed rotations, rota patterns/examples, educational programme, regional strengths and contacts) that should be a useful reference both for applicants deciding on their regional preferences and new starters to that deanery/region.

Each deanery prospectus was written by the local Training Programme Director or a nominated individual with a good knowledge of the deanery structure, and we would like to thank everyone involved for their time and effort.

We hope it will help future cardiothoracic trainees and our newer colleagues feel better informed and wish you all the very best in your training!

Walid Mohamed and Bassem Gadallah

NTN Representatives – Society for Cardiothoracic Surgery in Great Britain and Ireland

Cardiothoracic surgery is an exciting and rewarding career with many different areas of specialisation. The training program in Great Britain and Ireland provides training in all aspects of cardiothoracic surgery including congenital cardiac surgery and cardiothoracic transplantation whilst enabling trainees to develop areas of specialist interest.

Sometimes the choice of where to train can be bewildering, but this guide provides a great resource for all doctors interested in a career in cardiothoracic surgery. It describes the wide array of opportunities offered by the different deaneries and regions, pertaining to operative experience, educational resources and sub-specialty training. The prospectus also describes the considerable effort and commitment put in by Training Programme Directors, Assigned Educational Supervisors and Clinical Supervisors to ensure that cardiothoracic surgery training in Great Britain and Ireland is delivered to a high standard, producing very competent consultant cardiothoracic surgeons on completion of the training programmes.

It was a great pleasure to read the enclosed *Guide to Cardiothoracic Surgery Deaneries* and the SCTS National Trainee Representatives are to be congratulated on their considerable efforts bringing it to fruition as an aid to supporting all future trainees.

We wish you every success in your future career.

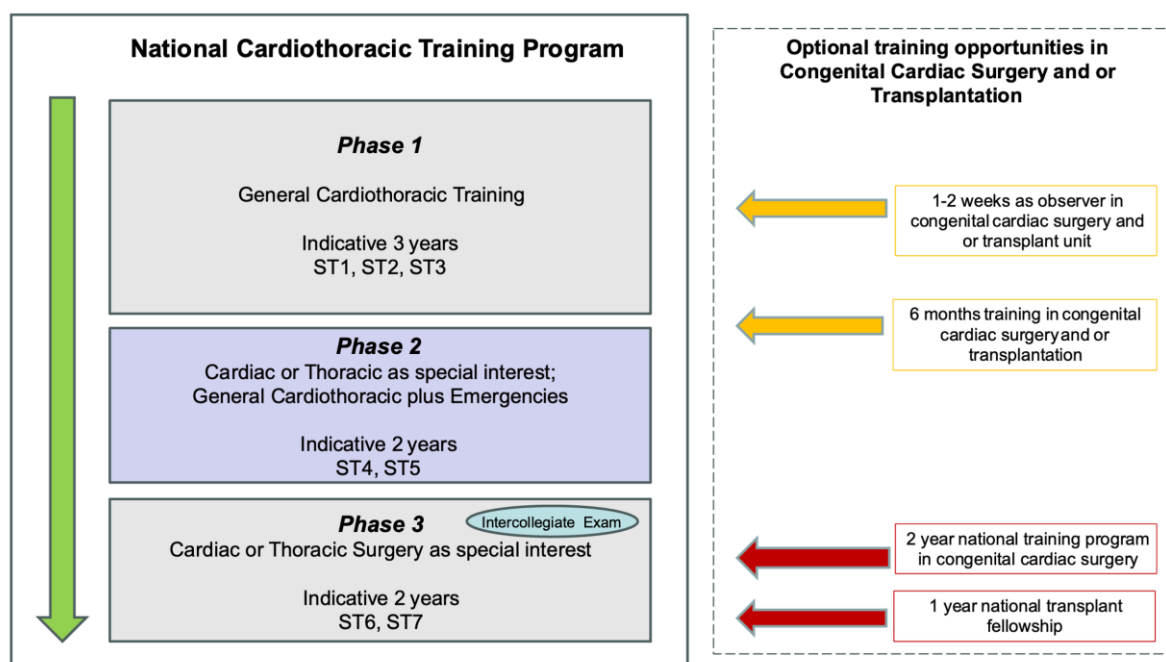
Tim Jones

Chair – Specialist Advisory Committee in Cardiothoracic Surgery

Narain Moorjani

President – Society for Cardiothoracic Surgery in Great Britain and Ireland

SUMMARY OF TRAINING PATHWAYS



Speciality training in cardiothoracic surgery follows the 2021 curriculum which is competency based. Trainees progress through the training programme based upon achieving required competencies during and at the end of each of the three phases of training.

Upon successful completion of the Phase 1 (General Cardiothoracic Training), trainees then decide to follow either a cardiac or thoracic training pathway. All trainees are required to sit the intercollegiate speciality examination in cardiothoracic surgery in Phase 3.

There are opportunities for training in congenital cardiac surgery and or cardiothoracic transplantation during the overall training programme as illustrated above. For those trainees pursuing a career in congenital cardiac surgery or transplantation there are designated national subspeciality training programmes available during Phase 3 training.

The opportunity for a period of training in research or to undertake a subspeciality fellowship either in the UK or abroad can be facilitated by undertaking an Out of Program (OOP) placement.

EAST MIDLANDS DEANERY PROSPECTUS



INTRODUCTION

Training Programme Director: Mr Adam Szafranek

Core Surgical Training Programme Director: Mr Harjeet Rayt

Head of School of Surgery: Ms Gillian Tierney

The East Midlands Training Programme was previously part of the Trent Training programme, which was restructured in 2009 after Sheffield joined the Yorkshire programme. It has been a successful programme since its inception, with its cardiothoracic centres based in Nottingham and Leicester. The programme had previously been stronger in thoracic training opportunities, with cardiac training limited to ST6+ level. It then underwent significant changes, brought about by enthusiastic and committed trainers and supported by the School of Surgery and Specialist Training Committee, resulting in a rejuvenated cardiac training base and its re-accreditation by the SAC for complete higher cardiac training in 2016.

The ST1 programme commences with two years of Core Surgical Training (CST) in partnership with the CST East Midlands-South Deanery based in Leicester. during which the trainee is expected to complete the MRCS exam. This is followed by two years in General Cardiothoracic Surgery training, including exposure to adult and congenital cardiac surgery, ECMO and thoracic surgery. Trainees spend a maximum of 1 year in their non-chosen specialty.

The programme offers opportunities in pursuing an academic career, with strong cardiac surgery research units and good relationships with the respiratory and oncology academic teams. We have links with the USA, Canada and China, with our trainees benefiting from Out of Programme (OOP) training opportunities. We have also attracted trainees from other regions who have come to gain advanced skills in thoracic surgery. Our aim is to give a comprehensive preparation for the FRCS(CTh) exam and an all-round preparation for a consultant career.

PROPOSED ROTATIONS

Year	Base Hospital	Specialties	Exam	Assessment
ST1	Leicester Royal Infirmary	Allied Surgical Specialties to Cardiothoracic Surgery (General/Paediatric Surgery, ENT, Vascular, Plastics)		Core ARCP
ST2	Glenfield Hospital	Cardiac Surgery Thoracic Surgery	MRCS	Joint Core/CTS ARCP
ST3-ST7	Glenfield Hospital and Nottingham City Hospital	Cardiac/Thoracic Surgery Themed (6-12 months in non-dominant specialty, competency-based assessment)	FRCS	CTS ARCP

ST2 trainees who successfully complete the MRCS will progress to a themed ST3-7 programme. All rotations are subject to change according to trainee/programme needs.

Appointed ST4 thoracic trainees should have completed cardiac competencies and will only do thoracic surgery for the remainder of their training.

Our deanery supports Out of Programme (OOP) experience/training/research, fellowships and Less Than Full Time (LTFT) training.

THE REGION

With the weather milder than the North and the prices cheaper than the South, the East Midlands is one of the UK's most popular and vibrant regions, situated in the centre of country with good transport links to major cities and our very own airport.

Whether it is a day indoors shopping, eating out, going to the theatre, watching football, cricket or rugby or even exploring the country parks – the East Midlands has it all.

You can spend the day exploring the great outdoors in many fascinating locations, including the Peak District, Rutland Water, Sherwood Forest, Lincoln Cathedral, and Derby's Victorian parks. The region boasts world-class concert venues and one of the UK's most established comedy festivals.

HOSPITALS/TRUSTS

Glenfield Hospital (University Hospitals of Leicester NHS Trust)

This is a university teaching hospital affiliated with the University of Leicester Medical School. The cardiothoracic unit serves the southern half of the East Midlands which comprises a population of 2.8 million people. The unit provides a comprehensive medical and surgical service for patients with cardiac and thoracic disease, including congenital heart disease, but excluding transplantation.

The thoracic surgical unit provides the full range of pleuropulmonary, chest wall and mediastinal surgery for patients from Leicestershire, Northamptonshire, South Staffordshire and South Derbyshire, together with national referrals for mesothelioma surgery.

Scope of Practice – Cardiac Surgery:

- Routine general cardiac surgery procedures
- Complex Aortic Surgery, Off-Pump Surgery
- Tertiary referral centre for ECMO
- Designated Surgical Enhanced Care Unit (SECU) – Cardiothoracic High Dependency Unit (CHDU)

Scope of Practice – Thoracic Surgery:

- Routine general thoracic surgery procedures
- Laser Metastasectomy
- Complex Chest Wall Surgery
- Interventional Endobronchial Procedures
- Lung Volume Reduction Surgery (LVRS)
- Mesothelioma Surgery (Extended Pleurectomy Decortication)
- Tracheal Surgery

Nottingham City Hospital (Nottingham University Hospitals NHS Trust)

Nottingham City Hospital (NCH) is a major teaching hospital with 1,207 beds. It provides a wide range of specialties but there is no Accident and Emergency Department on its campus. When current developments are completed, it will have over 1,400 beds, making it one of the largest hospitals in Europe. All these beds are located on one 85-acre campus, with outpatient facilities and all support services. There are several specialties on-site: cardiac surgery, thoracic surgery, renal dialysis and transplantation, burns and plastics, cytogenetics and neonatal medicine and surgery.

Scope of Practice – Cardiac Surgery:

- Routine general cardiac surgery procedures
- Minimally invasive mitral valve surgery programme
- Designated Cardiac Intensive Care Unit (CICU) staffed by nurse practitioners allowing registrars to run a non-resident on-call rota

Scope of Practice – Thoracic Surgery:

- Routine general thoracic surgery procedures
- Robot-Assisted Thoracic Surgery (RATS)
- Navigational Bronchoscopy and Endobronchial Ultrasound
- Lung Volume Reduction Surgery (LVRS)
- Tracheal Surgery

EDUCATIONAL PROGRAMME

Teaching

In addition to the local MDTs and weekly departmental teaching sessions, the rotation has an organised, comprehensive regional teaching programme including a biannual Midlands Cardiothoracic Surgical Meeting (with hands-on training and an abstract competition).

The programme has cadaveric wet lab facilities in Nottingham and wet and dry lab facilities in both units. National courses offered between both units include TOE, One Lung, CALS and pleural ultrasound courses.

The regional teaching programme has offered the following courses in 2023-2024:

- Benign Airway Study Day (West Midlands) – Sept 2023
- Glenfield Complex Aortic Wet Lab – Oct 2023
- SCTS/ SAC Ethicon Sponsored Simulation Day – Nov 2023
- Chest Wall and Diaphragm Wet Lab – Feb 2024
- Mitral Valve Study Day and Wet Lab – April 2024

Trainers

Nottingham City Hospital

- | | |
|----------------------|--|
| • Mr Adam Szafrank | TPD and Consultant Cardiac Surgeon |
| • Mr Anas Boulemden | Consultant Cardiac Surgeon and Mitral Lead |
| • Ms Niki Nicou | Consultant Cardiac Surgeon and Aortic Lead |
| • Mr Umar Hamid | Consultant Cardiac Surgeon |
| • Mr Jacob Chacko | Consultant Cardiac Surgeon |
| • Mr Mohammad Hawari | Consultant Thoracic Surgeon |

- Mr Nathan Burnside Consultant Thoracic Surgeon
- Mr John Duffy Consultant Thoracic Surgeon
- Mr Emmanuel Addae-Boateng Consultant Thoracic Surgeon
- Mr Mehmood Jadoon Consultant Thoracic Surgeon
- Mr Adnan Raza Consultant Thoracic Surgeon (Locum)

Glenfield Hospital

- Mr Giovanni Mariscalco Consultant Cardiac Surgeon and Aortic Lead
- Prof Gavin Murphy Consultant Cardiac and Academic Surgeon
- Mr Chris Efthymiou Consultant Cardiac Surgeon
- Mr Shantanu Sinha Consultant Cardiac Surgeon and Mitral Lead
- Mr Leonidas Hadjinikoloau Consultant Cardiac Surgeon
- Mr Mustafa Zakkar Consultant Cardiac Surgeon and Academic
- Mr Zein El-Dean Consultant Cardiac Surgeon (Locum)
- Mr Sridhar Rathinam Consultant Thoracic Surgeon
- Mr Apostolos Nakas Consultant Thoracic Surgeon
- Mr Edward Caruana Consultant Thoracic Surgeon
- Mr Pavlos Papoulidis Consultant Thoracic Surgeon (Locum)

All consultants have completed the Training the Trainer and TrACE courses and are registered with ISCP. The Joint College Intercollegiate Examination (JCIE) Chair, Mr Sridhar Rathinam, co-designed and implemented the SAC SCTS curriculum-based courses. Mr Rathinam and Mr John Duffy are Intercollegiate Cardiothoracic Surgery Examiners. Several newly appointed consultants in Nottingham and Leicester are recent NTN's with an interest in training.

Our faculty are actively involved with national educational events including:

- Essential Skills in Cardiothoracic Surgery Course
- Core Thoracic Surgery Course
- Professional Development Course
- Birmingham Review Course
- Introduction to Cardiothoracic Training
- RCSEd Training the Trainer Course
- EACTS Thoracic Course
- SCTS University
- Cardiothoracic Trainees National "Boot Camp"

Trainees

In total we have 11 trainees – an almost even split between those that want to pursue a career in cardiac and thoracic surgery. Some are currently out of programme for training, fellowships, PhDs and maternity leave.

ISCP

The educational programme is carried out in keeping with the ISCP work-based assessments. Trainees are expected to attend the SCTS courses pertaining to their levels. The deanery has mechanisms in place to support trainees in difficulty with a professional support unit. The programme offers opportunities for flexible working and is an equal opportunities employer. We have offer maternity time-off and reduced flexible working on return.

An appropriate and safe learning environment is facilitated through board rounds and electronic handover. The programme is integrated into the East Midlands Postgraduate School of Surgery and is therefore subject to its quality assurance programme.

Training Outcomes/Notable Achievements

Progress to Substantive Consultant Appointments

- Mohamed Fiyaz Chowdhry: Consultant Thoracic Surgeon, Leicester
- Keng Ang: Consultant Thoracic Surgeon, Leicester
- Mohamed Hawari: Consultant Thoracic Surgeon, Nottingham
- Kelvin Lau: Consultant Thoracic Surgeon, St Bartholomew's Hospital London
- Anthony Walker: Consultant Cardiac Surgeon, Blackpool
- Haitham Abunasra: Consultant Cardiac Surgeon, Manchester
- Mohammed Asif: Consultant Thoracic Surgeon, Glasgow
- Martin Chamberlain: Consultant Thoracic Surgeon, Southampton
- Rajwinder Jutley: Consultant Cardiac Surgeon, Nottingham (now in Nairobi)
- Antonio Ucar: Consultant Thoracic Surgeon, Leicester/Nottingham (now in Coventry)

Trainees from Other Regions

- 2016 Hazem Fallouh Wales ST8 Thoracic Surgery
- 2014 Paul Vaughan Wales ST7 Thoracic Surgery
- 2013 Robert Peters Northwest Paediatric Surgery NTN (interest in Thoracic Surgery)
- 2012 Jane Atkins ST7 London Thoracic Surgery
- 2011 Niall McGonigle ST8 Northern Ireland Thoracic Surgery

Success in NTN Recruitment

- 2016 Ricky Vaja Leicester Core Trainee to ST3 London
- 2016 Yousef Salmasi Leicester Core Trainee to ST3 London
- 2016 Nabil Hussein Leicester Foundation Trainee ST1 Yorkshire
- 2013 Thomas Tsistsias Thoracic Clinical Fellow UHL to ST3 London
- 2012 Mehmood Jadoon LAT 12 months into ST3 East Midlands
- 2012 Mohammed Mydin LAT 12 months ST3 Northeast
- 2012 Vijay Joshi LAT 12 months into ST3 East Midlands
- 2011 Amir Khosravi LAT 18 months to ST3 Wessex
- Imran Rizvi LAT 12 months to ST3 Southwest
- Anupama Barua LAT 12 months to ST3 Yorkshire
- 2010 Keng Ang LAT 12 months to ST3 East Midlands

Trainee Satisfaction

The East Midlands programme has very positive feedback both in the national GMC, JCST Surveys as well as the deanery STAR rating.

CONTACTS

Training Programme Director: Mr Adam Szafranek (adam.szafranek@nuh.nhs.uk)

Trainee Representatives: Ms Karishma Chandarana (karishma.chandarana@nhs.net)

EAST OF ENGLAND DEANERY PROSPECTUS



INTRODUCTION

Training Programme Director: Mr Ravi De Silva

Core Surgical Training Programme Directors: Ms Claire Edwards and Mr Sohail Choksy

Head of School of Surgery: Mr Mark Bowditch

The East of England Deanery Cardiothoracic Training Programme is a hugely successful programme, with a history of consistently achieving excellent results and rating highly on the GMC and JCST surveys. The programme is split between two hospitals: Royal Papworth Hospital and Norfolk and Norwich University Hospitals.

ST1 training is carried out in conjunction with the Core Surgical Training Programme until completion of the MRCS, after which, the sole responsibility comes to the cardiothoracic training programme. Cardiac surgery training takes place solely at Royal Papworth Hospital, while thoracic surgery training is split between Royal Papworth Hospital (RPH) and Norfolk and Norwich University Hospital (NNUH).

The cardiothoracic training programme is led by Mr Ravi de Silva in his role as Training Programme Director together with Assigned Educational Supervisors across two sites in the East of England. RPH, which is now based at its new home in the Cambridge Biomedical Campus (CBC), is where the majority of the training is delivered as the only national training accredited cardiac centre in the region.

PROPOSED ROTATIONS

The programme rotations according to grade are:

- ST1-2 (SHO level): this includes rotations at Addenbrookes Hospital (AH) which is also part of Cambridge University Hospitals located in the CBC. Rotations include

cardiothoracic surgery (cardiac/thoracic – RPH), critical care (RPH), plastic surgery (AH), general surgery (AH)

- ST3-ST8 (now ST3-ST7 on the new curriculum, SpR level): based at RPH for cardiac trainees and a combination of NNUH and RPH for thoracic surgery. All cardiac trainees spend 1 year in thoracic surgery and vice versa for thoracic trainees

Example Rotations

Phase 1

ST1 Cardiothoracic Surgery (Aug-Feb) and ITU (Feb-Aug)

ST2 Thoracic Surgery SpR Rota

ST3 General Cardiac Surgery SpR Rota

Phase 2

ST4 Transplant Surgery (Aug-Feb) and General Cardiac/Thoracic Surgery (Feb-Aug)

ST5 General Cardiac/Thoracic Surgery

Phase 3

ST6 General Cardiac/Thoracic Surgery

ST7 General Cardiac/Thoracic Surgery

THE REGION

Cambridge

Cambridge is a beautiful vibrant city with a rich history. Home to one of the best universities in the world which needs no introduction, it is also the origin of numerous celebrities and famous historical figures, such as Stephen Hawking, Hugh Laurie, Stephen Fry and Charles Darwin. The city is awash with culture and is one of the UK's leading tourist destinations, inviting people to visit museums, art galleries, theatres and of course, punting along the river Cam. Fun fact – Cambridge is known for having a river retrospectively named after the town. The city was originally called 'Granta Brygg' after the river, then named Granta. It did not become 'Cambridge' until much later, and the river was later renamed Cam after the town surrounding it.

Norwich

You may recognise one of the beaches near Norwich as being featured in 'Shakespeare in Love'. Norwich is well known to be one of the most complete medieval cities in the UK, with

a stunning cathedral a flourishing arts, music and cultural scene. It is also within close proximity of several beaches.

HOSPITALS/TRUSTS

Royal Papworth Hospital (Royal Papworth Hospital NHS Foundation Trust)

RPH is a tertiary centre delivering the breadth of adult cardiac surgery, cardiothoracic transplantation, and is the national centre for pulmonary thromboendarterectomy (PTE). There is a team of 14 cardiac consultants and 3 thoracic consultants who work closely with specialist cardiology, anaesthetic and intensive care teams.

Scope of Practice – Adult Cardiac Surgery/Transplantation

- Coronary artery revascularisation (including MIDCAB)
- Aortic valve surgery (including minimal access and surgical TAVIs)
- Complex mitral valve repair
- Aortic surgery (including valve sparing root replacement, frozen elephant trunk repair and complex redo surgery). RPH has performed the UK's largest number of Frozen Elephant Trunk procedures both in elective and emergency dissection cases. We also have the UK's largest use of AMDS devices
- Cardiothoracic transplantation: RPH is one of the pioneering transplant centres in the UK and has pioneered many novel transplant techniques including DCD heart transplantation
- Pulmonary Thromboendarterectomy: as the national centre for PTE, RPH has one of the world's largest experiences of this procedure and has been instrumental in expanding its use worldwide. RPH also hosts the world's only PTE fellowship and regularly proctors centres across the world in performing PTE
- Emergency: we cater to all adult emergency referrals and perform 40-50 aortic dissection repairs per year while working closely with the vascular surgical team in providing a hybrid service for complex aortopathy

Scope of Practice – Thoracic Surgery

In addition to covering the entire range of thoracic surgical procedures, RPH has now added robot-assisted thoracic surgery to its repertoire. We are the first trust in the UK to use the Versius robotic system in thoracic surgery. RPH is also one of the very few centres involved in using a subxiphoid approach to thoracic surgical procedures and pioneered the practice of performing lung resections in non-intubated self-ventilating patients.

As home to the first thoracic surgeon performing lung transplantation in the UK, thoracic surgical trainees in RPH will now have the unique opportunity to get involved in lung transplantation and the thoracic surgery rotation will now include 6 months of transplant and retrievals for thoracic trainees.

RPH is also one of the four major high-volume specialist centres performing lung volume reduction surgery.

The thoracic surgery department is a huge proponent of enhanced recovery after surgery (ERAS), with a plan to introduce day case thoracic procedures in the near future.

Norfolk and Norwich University Hospital (Norfolk and Norwich University Hospitals NHS Foundation Trust)

NNUH offers an excellent thoracic surgery training programme, with Mr Kadlec heading the department. This includes training in robot-assisted thoracic surgery, led by Mr Kouritas, who is certified as a European proctor. It also hosts the high-risk thoracic MDT where potential dual-consultant cases are discussed.

GENERAL ROTA PATTERNS

General Cardiac Rotation

The adult cardiac surgery rota at registrar level is two-tiered, with junior SpRs having a 1 in 9 rota with day and night on-calls, and senior SpRs (end of training) having a 1 in 3 rota which gives senior trainees a unique exposure to surgically managing emergency conditions such as aortic dissection, VSD, VSRR, LV aneurysm, emergency MVS, acute IE, trauma and massive PE.

Thoracic Surgery Rotation

The thoracic SpR rota at RPH has a 1 in 4 on-call pattern, with only day on-calls and 1 in 4 weekend day on-calls. The thoracic surgery SpR rota at NNUH has a 1 in 4 on-call pattern, with 24-hour non-resident on-calls and 1 in 4 weekends.

EDUCATIONAL PROGRAMME

Regional Teaching

As per JCST recommendations, we have monthly regional deanery teaching which accommodates not only the NTNs, but also the fellows, SHOs and medical students rotating through the programme. As part of this, there is a two-day cadaveric wet lab organised locally, encompassing a huge variety of cardiac and thoracic procedures. In addition, the transplant masterclass is a two-day free course offered to all trainees, covering cadaveric heart, lung and heart-lung transplantation, as well as various methods of mechanical circulatory support, including LVAD insertion.

Locally, RPH hosts the weekly surgical teaching every Wednesday, which is also MS Teams based and therefore available to trainees in various departments across the region, covering

complex and interesting topics in cardiothoracic surgery and chaired by a different consultant every week. The transplant team hosts the transplant weekly teaching every Friday, and a transplant journal club every Tuesday.

Trainers

The training programme is known for its ethos of training and while the list below is certainly not exhaustive, here are some notable mentions of our trainers:

Mr Ravi De Silva	Aortic Lead, trainer in complex aortic surgery
Mr Stephen Tsui	SAC Recruitment Lead, trainer in PTE and transplantation
Mr David Jenkins	Clinical Director, trainer in PTE and transplantation
Mr Choo Ng	Trainer in PTE
Mr Narain Moorjani	SCTS President, trainer in mitral valve surgery
Mr Francis Wells	Trainer in mitral valve surgery
Mr Marius Berman	Associate National Clinical Lead for Organ Retrieval (NHS Blood and Transplant), trainer in transplantation
Mr John Taghavi	Trainer in mitral valve surgery and PTE
Mr Umar Rafiq	Trainer in transplantation and mitral valve surgery
Mr Shakil Farid	RCS College Tutor, trainer in aortic surgery
Mr Aman Coonar	SCTS President Elect
Mr Giuseppe Aresu	First thoracic surgeon performing lung transplantation in the UK

All our consultants and surgeons train extensively in general cardiac and thoracic procedures.

Trainees

We are currently a group of 14 trainees at various stages of training, with 3 of us being out of programme for research.

Training Outcomes/Notable Achievements

Intercollegiate Exam Record

We have had an 85% pass rate for the FRCS Part 1 and a 100% pass rate for the FRCS Part 2 over the last 5 years

Progress to Substantive Consultant Appointments

- Alia Noorani - Substantive, King's College Hospital, London
- Antonella Ferrara - Substantive, Leeds Teaching Hospital, Leeds

- Fabio Falconieri - Locum then substantive, Morrision Hospital, Swansea
- Jakub Kadlec – Substantive, NNUH, Norwich
- Jason Ali - Locum, RPH, Cambridge
- John Taghavi - Locum then substantive, RPH, Cambridge
- Kunal Bakri - Substantive, St Bartholomew’s Hospital, London
- Mohammed Osman - Substantive, Harefield Hospital, London
- Paolo Bosco - Substantive, Guys’ and St Thomas Hospital, London
- Shakil Farid - Locum, JRH, Oxford then substantive, RPH, Cambridge
- Simon Messer - Substantive, GJNH, Glasgow
- Swetha Iyer - Locum, RPH, Cambridge then substantive, MRI, Manchester
- Umar Rafiq - Locum then substantive, RPH, Cambridge
- Vasudev Pai - Locum, Wythenshawe Hospital, Manchester
- Walid Elmahdy - Substantive, Leeds Teaching Hospital, Leeds

Trainees from Other Regions/Fellowship Opportunities

In addition to hosting the national transplant NTN fellowship, RPH also welcomes many other NTNs from other deaneries for general cardiac, mitral and transplant fellowships.

RPH hosts a variety of fellowships, including the world’s only PTE fellowship, the national NTN transplant fellowship, a mitral valve fellowship, amongst others. In addition, the East of England has very strong links with various US, European and Australian centres for fellowship opportunities.

Trainee Feedback

“I feel privileged to have been a part of the Papworth training programme. Starting from the top, the TPD, AES and CSs have always been supportive and approachable and invested greatly of themselves in my training. I believe the Papworth training programme is unique as it goes over above basic competency training and trains you to be ready to be a competent consultant. I have met a number of people from other training programmes and can confidently say that the exposure to complex cases (dissections, complex, aortic, transplant, high risk cases, emergencies – VSD, aneurysmectomy, free wall rupture) is second to none. But it goes beyond simply exposure to complex cases, the structured training enables you to be able to perform and be trained on complex cases. The focus on theatre management, interpersonal skills in theatre, pre- and post-operative management sets you up to be a confident independent practitioner who is able to give your best to your patients and to the team you are a part of. You are surrounded by inspiring individuals across specialties and are given the opportunity to explore areas of special interest.” *ST8 RPH*

CONTACTS

Training Programme Director: Mr Ravi De Silva (ravidasilva@nhs.net)

Trainee Representative: Dr Daniel Sitaranjan (dr.sitra@gmail.com)

LONDON DEANERY PROSPECTUS



INTRODUCTION

Lead Training Programme Director (TPD) and Specialty Training Committee (STC) Chair:
Prof Prakash Punjabi (Hammersmith Hospital)

Co-Training Programme Director: Mr Kamran Baig (St Thomas Hospital)

Head of School of Surgery: Ms Celia Theodoreli-Riga

Trainee Representative: Mr Vinci Naruka

Deputy TPD (ST1-2): Mr Neil Roberts (St Bartholomew's Hospital)

Deputy TPD (Thoracic): Mr Ian Hunt (St George's Hospital)

Cardiac Teaching Lead: Mr Ishtiaq Ahmed (Royal Sussex County Hospital)

Thoracic Teaching Lead: Prof Eric Lim (Royal Brompton Hospital)

Mentoring and Career Advice Lead: Mr Shahzad Raja (Harefield Hospital)

The London Cardiothoracic Surgery Training programme offers training at highly prestigious and world-leading centres. It promotes high quality education and training in centres that have pioneered and developed this ever-evolving field. Trainees have the opportunities to develop their surgical skills and academic capabilities while accruing the principles for a successful career in surgery. The training programme strives to create an environment that values quality and safety and promotes excellence in training across the deanery, and has an established excellence for training, and consistently recruits the highest ranked trainees every year.

The deanery is also responsible for the existing nationally approved Congenital Cardiothoracic Surgery training (rotating between Great Ormond Street Hospital and Birmingham Children's Hospital).

The programme provides a comprehensive range of operations in adult cardiac, paediatric cardiac, transplant and thoracic surgery. In addition to routine procedures, the programme provides specialist training in off-pump CABG, mitral valve repair (including minimally invasive approaches), surgery for the aortic root (including valve sparing procedures), aortic arch surgery and de-branching techniques, TAVI, EVAR, ECMO, transplantation, minimally invasive aortic valve replacement and mini-bypass strategies, VATS and robot-assisted lung resection and mesothelioma surgery

There are currently 2 pathways to enter the London training programme: as a run-through ST1 to ST7 programme in cardiothoracic surgery, and direct entry at ST4 to ST7 in thoracic surgery.

PROPOSED ROTATIONS

ST1 Programme

The increasingly popular ST1 programme is now well established in London, with excellent results in yearly progress at ARCPs. It is offered in partnership with the Core Surgical Training Programme where cardiothoracic surgical trainees benefit from regular anatomy teaching from the affiliated medical schools and act as anatomy demonstrators for medical student, preparing them well for the MRCS exams.

The most recently established rotations in ST1 and ST2 include the following:

ST1 Rotations (based at Royal Brompton Hospital): : Cardiothoracic Surgery (4 months), Cardiothoracic ICU (4 months), Cardiothoracic Surgery (4 months)

ST2 Rotations (based at Hammersmith Hospital): Cardiothoracic surgery (12 months)

Assessments: MRCS Exam and Core Surgical Training ARCP

The trainee is expected to complete the MRCS exam by ST2 to progress successfully into ST3. The ST2 trainee is normally shadowing a higher trainee for on-calls in preparation for ST3 as a junior registrar.

If entering as ST1 run-through, the trainees will proceed straight into ST3 after a successful ARCP outcome and they will continue training until ST7. During this time, they will declare their dominant specialty of choice (cardiac or thoracic surgery) and will be required to spend 1 year in the non-dominant specialty as a registrar. Trainees can also choose to subspecialise in transplant or congenital surgery.

During ST3-ST7 training, trainees will be rotating in most of the leading units in the deanery and exact hospital placements and overall rotation through the programme are confirmed with the trainee by the TPD. Depending on training requirements there may be an opportunity to stay in one location for at least two years. Trainees will be invited to give their preferences for placements prior to ARCP, but the TPD will need to ensure that placements meet trainees individual training needs, while at the same time maintaining overall programme balance. TPDs will have the final say in the placements, considering training requirements and balancing the needs of the individual as well as the group with individual preferences and circumstances.

ST4 Programme

This relatively new programme allows direct entry into thoracic surgery training and the same resources are available as for the ST1 run-through trainees. There are multiple hospitals in London that provide excellent thoracic surgery training opportunities including robot-assisted surgery, endobronchial valves, navigational bronchoscopy and single-port VATS techniques. St Bartholomew's Hospital and Guy's Hospital are leading hospitals offering training opportunities in robot-assisted thoracic surgery (RATS) including further opportunities as fellowships.

HOSPITALS/TRUSTS

The programme is based in the following centres (all based in London except Royal Sussex County Hospital which is based in Brighton):

- Bart's Heart Centre (St Bartholomew's Hospital – Barts Health NHS Trust)
- Guy's Hospital (thoracic surgery only), St Thomas Hospital (cardiac surgery only), Royal Brompton Hospital and Harefield Hospital – all four hospitals are part of Guy's and St Thomas' NHS Foundation Trust
- Hammersmith Hospital – Imperial College Healthcare NHS Trust
- King's College Hospital – King's College Hospital NHS Foundation Trust
- St George's Hospital – St George's University Hospitals NHS Foundation Trust
- Royal Sussex County Hospital (RSCH) – University Hospitals Sussex NHS Foundation Trust (part of the Kent, Surrey and Sussex (KSS) Deanery which is combined with the London Deanery)

EDUCATIONAL PROGRAMME

Teaching Programme

There are local MDTs and weekly departmental teaching sessions organised in each of the hospitals. A curriculum-based education programme is now established every 2 months, where NTNs receive dedicated consultant-led teaching using lectures, interactive sessions, wet labs and simulators in both cardiac and thoracic surgery. The attendance at these teachings is mandatory. Additional locally organised sessions include wet labs, FRCS exam-focussed preparation and Royal College of Surgeons anatomy sessions via the London School of Cardiothoracic Surgery. Trainees further attend the SCTS courses relevant to their level of training. Trainees will be supported to prepare and pass their FRCS exam wherever they are working and will be signed off to do the FRCS exam when obtaining a satisfactory outcome (Outcome 1) at their ARCP assessing the completion of ST5 year. This means they will usually sit the exams in the ST6 year. Trainees also are encouraged to attend the London Core Review and multiple local teaching sessions in preparation for the FRCS. Our aim is to give unrivalled comprehensive preparation for the FRCS (CTh) exam and all-round preparation for a consultant career.

Academic Opportunities

There are several academic and research opportunities in the London programme. Trainees who do not wish to take part in a formal period of research are encouraged and supervised with clinically based research and audit topics and given specific deadlines to complete the projects and present them at national and international meetings. There are also opportunities for trainees to devote a dedicated period of time for research towards obtaining a higher research degree (MD, MRes or PhD). There are several cardiovascular laboratories based at the Barts Heart Centre, Imperial College, St Thomas Hospital, St George's Hospital and King's College Hospital and their affiliated universities, providing opportunities for first class cardiovascular research.

There are also opportunities for out-of-programme research experience within different London teaching hospitals. Collaborative research among trainees has developed across the country as a way of running high quality research projects by collecting data from many departments across regions and internationally.

Trainees from the London Deanery often have the highest numbers of abstracts and presentations at the SCTS Annual Meeting, and on average three trainees are awarded annual SCTS prizes for presentations and research.

Fellowships

The large number of consultant surgeons in the London Deanery benefits trainees to find mentors to help them during their training. It also allows vast opportunities for further subspecialisation fellowships, with links to world-renowned centres across many countries

including USA, Canada, Australia, Europe and Asia. Trainees can benefit from Out of Programme Training (OOPT) opportunities, and overseas fellowships are permitted subject to authorisation from the TPD. London has attracted highly motivated trainees from other deaneries coming to our region to gain advanced skills in cardiac and thoracic surgery.

Trainee Support

The transition to Higher Speciality Training can often be quite daunting, and the difference in roles/responsibilities between being an experienced core trainee and a junior registrar can be initially challenging. Trainees may feel that there is an expectation from some senior colleagues regarding ability to perform surgical procedures and may find that decision-making and leadership of the firm can be a more challenging experience than they have previously been exposed to. The learning curve is steep and requires hard work but can be extremely rewarding.

All trainees are assigned an Educational Supervisor (AES) and Clinical Supervisor (CS) to guide and mentor them during their trainee in each of the centres allocated. The educational programme/assessments are carried out in keeping with the ISCP work-based assessments. The deanery has mechanisms in place to support trainees in difficulty with the professional support unit.

There is a trainee representative elected by the trainees who keeps regular communications and reports to the TPD and STC about any issues the trainees are encountering. The TPD, AESs and CSs are there to help negotiate training requirements and help with the transition to being a registrar. Trainees also get enormous support from their more senior colleagues.

To improve communication amongst trainees, there is a trainee WhatsApp group run by the trainee representative, which gives trainees the ability to communicate across the region, sharing important and relevant information about training (teaching events, courses, conferences and research projects) and logistical issues. Trainees have the option to be added to this once they start. This will usually be done at the Induction Day or the first Regional Training Day.

The trainees regularly organise social gatherings in this vibrant city to foster lifelong friendships. More recently, a summer Consultants and NTN's Annual Dinner sponsored by industry has been taking place, where more than 50 attendees join to celebrate achievements and promote networking and close collaborations between units.

Quality Monitoring

The Training Programme Board and The London School of Surgery regularly visit and assess the hospitals with core and higher specialty trainees. The trainees are interviewed and encouraged to comment anonymously on their training opportunities within the programme. The visit also looks at IT and library access and checks for rota compliance. A report is compiled and sent to the Chief Executive, detailing the findings and suggesting changes. Funding from the deanery is discretionary and may be withdrawn if standards are not met. NTN's are provided with education contracts at the start of their rotation and progress is

monitored and logged using the ISCP web site. Trainees meet with their educational supervisors regularly and with their TPDs twice a year. There are four annual London Training Board meetings where representatives from the SAC, London School of Surgery and trainees meet.

Standards are maintained through regular ARCPs but trainees are also encouraged to have more informal discussions with their supervisors to ensure personal training and development is discussed. This allows appropriate matching of trainers with trainees to be made so an optimum training experience is attained. If focussed training is required, a meeting is convened between the trainee, TPD and trainer and a suitable plan is formulated.

Annual Survey

Every year the trainees are sent a detailed survey in May, the results of which are presented and discussed at the June STC Meeting. The survey is very detailed and forms part of the decision-making for the following year's allocation of NTN's. The survey is considered in conjunction with the GMC and JCST surveys. The most recent national GMC and JCST surveys have had very positive trainee feedback.

Specialty Training Board Information

The whole of London has joined to form the pan-London Surgical Training Committee. The current Chair of the Speciality Training Committee is Ms Avril Chang.

The STC is composed of surgical consultant leads from each trust, the Head of School, deanery administrative staff, the TPDs, SAC liaison members and trainee representatives from each London region. We feel this is a responsive committee and feedback from trainees is encouraged. In the past this has led to various changes that have improved the standard of training. This is another means of ensuring that problems and ideas for improving training are fed back to the Postgraduate Medical and Dental Education department at the London Deanery.

The vision for the London School of Surgery is to provide the highest quality of training using the vast wealth of clinical resources across the region. London has a population of almost nine million, with its rich variety of cultures and social backgrounds, the capital offers any trainee a full and rewarding experience in cardiothoracic surgery. The programme seeks to provide world-class healthcare education and excellence in postgraduate training, producing clinical leaders of tomorrow.

CONTACTS

Lead Training Programme Director: Prof Prakash Punjabi (p.punjabi@imperial.ac.uk)

Trainee Representative: Mr Vinci Naruka (vinci.naruka@nhs.net)

NORTHEAST DEANERY PROSPECTUS

No prospectus received for 2023/2024.

CONTACTS

Training Programme Director: Mr Jonathan Ferguson (jonathan.ferguson@nhs.net)

Trainee Representative: Ms Charlotte Holmes (charlotte.holmes9@nhs.net)

NORTHWEST DEANERY PROSPECTUS



INTRODUCTION

Training Programme Director: Mr Steven Woolley (Consultant Thoracic Surgeon, Liverpool Heart and Chest Hospital)

Head of School of Surgery: Mr David Van Dellen (Consultant General and Transplant Surgeon, Manchester University NHS Foundation Trust)

The Northwest Cardiothoracic Surgery Programme provides one of the most comprehensive training programmes in the UK, with opportunities to develop subspecialty interest in all areas of cardiac and thoracic surgery including:

- Major aortic surgery
- Complex mitral valve surgery
- Minimally invasive cardiac surgery including robotic surgery
- Complex congenital surgery
- Heart and lung transplantation
- VADs and ECMO support
- Advanced VATS surgery
- Robotic thoracic surgery

- Advanced lung cancer resections

Close links with Liverpool and Manchester Universities and the Paterson's Institute of research (Christie Hospital), along with the transplant research lab, offer excellent opportunities to pursue academic aspirations. The programme offers opportunities to actively participate in the cardiac/thoracic surgery audit, quality improvement programme, thoracic society meetings and regional teaching sessions. The Northwest consortium also offers excellent high quality educational resources which are highlighted below.

The specific programme for any individual trainee will be developed to reflect his/her specific training aspirations, commensurate with the overall requirements of the curriculum and the availability of specific training opportunities.

Given the size of the region and the subspecialty strengths, it is possible for trainees to specify from the outset their preferred training programme to include either general cardiac surgery, thoracic surgery or congenital surgery.

The Northwest programme involves the following centres:

- Alder Hey Children's Hospital, Liverpool
- Liverpool Heart and Chest Hospital, Liverpool
- Blackpool Victoria Hospital, Blackpool
- Wythenshawe Hospital, Wythenshawe, Manchester

PROPOSED ROTATIONS

ST1 Programme

Currently all ST1 appointments will do one year of general and/or vascular surgery training and then a full year of cardiothoracic training in ST2. They will then have a further five years of cardiothoracic training from ST3 to ST7. Trainees will need to declare a career intention of cardiac, thoracic or congenital cardiac surgery by ST4 and will complete one year of training in their non-dominant specialty between ST2 and ST7.

All new trainees appointed to the rotation will work at more than one hospital site in their training to allow exposure to a range of cardiothoracic surgery and centres. Trainees are all asked to express preferences for the units they wish to work at for each placement and these are accommodated as much as possible to deliver training needs. Placements may be subject to change to suit individual trainee needs and requirements.

HOSPITALS/TRUSTS

Manchester University NHS Foundation Trust

We operate at two sites:

- Manchester Royal Infirmary (MRI)
- Wythenshawe Hospital (WYT)

The trust has one of the largest cardiothoracic departments in the country. We are one of only two centres in the UK to provide heart and lung surgery, transplant, and specialised respiratory ECMO (extra corporeal membrane oxygenation) under one roof placing us among the top five hospitals in the UK providing specialist cardiothoracic services to 3.2 million people.

Scope of Practice – Cardiac Surgery

- 7 consultant surgeons at WYT, performing 1400 procedures annually, supported by a 26-bed CCU
- 5 consultant surgeons at MRI, performing 700 procedures annually
- A number of MDT meetings have been established as well as a Surgical Activity Meeting in order to provide optimal management of patients with complex medical issues
- An extensive range of TAVI is delivered in close collaboration between cardiology and cardiac surgery

Scope of Practice – Thoracic Surgery

The Northwest Centre for Lung Surgery is one of the country's leading centres for thoracic surgery with eight full time consultants performing >1100 cases annually. We are the centre that pioneered lung cancer screening in the UK and hence there is a high volume of lung cancer work. Additionally, we are a major centre for sarcoma resections and also benefit from close working with the National Aspergillosis Centre at WYT.

We have a high rate of minimally invasive surgery and have also developed a robot-assisted thoracic surgery programme. We also have a busy airway service and have a regular airway multidisciplinary meeting.

Trainees also have opportunities to gain skills in laser resection for metastatic disease and exposure to lung transplant and performing thoracic cases with ECMO support. We also support the trauma services of MRI, which together with Salford Royal Infirmary (SRI) is an adult Major Trauma Centre (MTC). There has been a very significant year on year increase in cardiothoracic trauma admissions since the MTC status was established, providing valuable opportunities for training in the management of blunt and penetrating cardiac/thoracic trauma.

Scope of Practice – Transplantation

Transplantation of both heart and lungs is one aspect of cardiothoracic surgery and this is performed at only five specialised centres in the UK including WYT. We perform around 30 lung transplants and 20 heart transplants annually and have a well-established VAD programme performing >20 cases every year.

Alder Hey Children's NHS Foundation Trust (Liverpool)

The Heart Centre at Alder Hey Children's Hospital is one of the largest children's hospitals in Europe, and serves a population of around 7 million, covering the Northwest of England, North Wales and the Isle of Man. We manage all aspects of congenital heart disease from premature babies, neonates to adolescents.

Alder Hey is the third largest congenital centre in the UK, performing over 600 cardiac procedures annually, including 100 neonates, with an active programme of warm heart surgery, early extubation, valve repair, Norwood programme. It is also one of six nationally designated respiratory ECMO centres in UK and has a large chest wall (pectus deformity) and paediatric airway service.

Trainees in Alder Hey are exposed to all aspects of congenital heart disease. They are actively involved in pre-operative evaluation, intra-operative surgical strategies, operative experience and immediate post-operative critical care management of the children. Opportunities are provided to perform paediatric cases as first operators or "part contribution" to the case. All three established consultants are keen trainers.

Trainees attend two weekly MDTs where active participation is encouraged. They take part in the consent process for all patients, and they participate in surgical service and interdepartmental teaching sessions with intensive care and cardiology. There are opportunities to participate in clinical and academic research using the links with the two local universities. Alder Hey has an innovative centre and 3D printing is routinely used for pre-operative planning and teaching.

Adult Congenital Heart Disease Service (ACHD)

Alder Hey's congenital team also provides an ACHD service at the Liverpool Heart and Chest Hospital (LHCH), currently with one operating day, a clinic and an MDT with daily ward rounds. The operating opportunities would increase to two days a week in the very near future with the appointment of a fourth consultant, making it one of the largest neonatal, paediatric and ACHD programmes in the country. We offer a nationally accredited congenital training programme in association with the Newcastle Freeman Hospital congenital service and are one of the only programmes in the country to have two paediatric SCPs to relieve service commitments of trainees.

Liverpool Heart and Chest Hospital NHS Foundation Trust

The Liverpool Heart and Chest Hospital (LHCH) is one of the largest single-centre cardiothoracic units in the UK. It provides tertiary services in cardiac and thoracic surgery as well as cardiology and respiratory medicine to a population of around 2.8 million in Merseyside, North Wales, some of Cheshire and Lancashire as well as the Isle of Man. It offers a full range of adult cardiac and thoracic surgery excluding transplantation. LHCH performs almost 2000 cardiac operations a year and 1000 thoracic procedures. LHCH has made some major changes in its workforce in the last few years to improve both training and

patient care. There is now a well-developed team of cardiac and thoracic advanced nurse practitioners who cover both cardiac and thoracic wards as well as doing some outpatient work. This team supports the surgical trainees to maximise their training and learning opportunities. There is now also a team of advanced critical care practitioners who provide cover for the post-operative cardiac care unit (POCCU). Consultant staffing currently comprises 15 cardiac surgeons and 6 thoracic surgeons.

Scope of Practice – Cardiac Surgery

- The largest aortic service in the UK including complex thoracoabdominal procedures and endovascular work. There is also a separate consultant rota for emergency aortic work with a busy workload
- A large amount of off-pump coronary artery surgery with one of the largest experiences in the UK and Europe
- A team of specialist mitral valve surgeons offering a full range of complex techniques
- A well-developed minimally invasive mitral valve programme
- Minimal access aortic valve surgery
- Robotic cardiac surgery including mitral valve surgery and CABG
- A transcatheter aortic valve implantation (TAVI) service including transfemoral and transapical approaches

Scope of Practice – Thoracic Surgery

- One of the highest volume thoracic surgery units in the UK
- Lung volume reduction surgery, endobronchial valve therapy and an emphysema MDT
- A well-established VATS lobectomy service with all early-stage lung cancer patients being offered minimally invasive surgery
- Chest wall resection and sarcoma surgery and coverage of the sarcoma MDT
- An advanced colorectal MDT for management of metastasis and complex cases
- A high-risk MDT attended by surgeons, anaesthetists, radiologists and surgical trainees
- Comprehensive cover and outreach clinics and MDTs for all regional hospitals
- Robotic thoracic surgery including major lung resections and complex mediastinal work

Blackpool Teaching Hospitals NHS Foundation Trust

The Lancashire Cardiac Centre is a separate division at the Blackpool Victoria Hospital (a district general hospital), with a purpose-built facility providing tertiary cardiothoracic surgical and cardiology services. It serves a population of approximately 1.6 million in Lancashire and Cumbria. The unit offers a full range of adult cardiac and thoracic services, excluding transplantation, and performs 1200 cardiac and 600 thoracic surgical procedures per year.

The unit comprises of 3 thoracic, 2 cardiothoracic and 6 cardiac surgeons and has a very strong training ethos.

Scope of Practice – Cardiac Surgery

- The “unit mission” is to provide comprehensive minimal access surgery for all cardiac procedures:
 - The unit performs 15% of ALL cardiac cases via a minimally invasive approach and is one of the largest and longest running Thru-port access mitral centres in the U (with experience of teaching/training a dedicated mitral fellow) and the second largest recruiter to the UK MiniMitral trial (with a dedicated, registrar-led clinic associated with trial recruitment)
 - Regular partial sternotomy and/or right anterior thoracotomy approaches are used for aortic valve replacement performed by all surgeons, with experience of training in these techniques
 - There is an active MIDCAB and EndoCAB programme
- A well-established mitral valve programme; including dedicated cardiology support and regular MDT, using a wide variety of surgical techniques for both repair and replacement
- The largest experience of aortic sutureless prosthesis use in the UK. Ongoing audit and research activity relating to this with invited presentation at the annual Perceval User Group and trainee abstracts accepted at international meetings (SCTS and EACTS). This experience has been supported by the development of a high-risk aortic valve MDT
- An active aortic team providing both elective and emergency surgery. Attendance and contribution to regional vascular multi-disciplinary team meeting and both national and regional aortic forums
- Surgical involvement with a very active and growing TAVI programme, including one of the largest and most successful non-femoral series
- Surgical treatment of atrial fibrillation with a joint EP cardiology MDT, VATS and convergent surgical approaches

Scope of Practice – Thoracic Surgery

- Comprehensive clinic and MDT service covering local and all regional hospitals
- Established, successful VATS lobectomy programme, accounting for over 85% of all relevant cases
- High risk thoracic surgery MDT and local (Blackpool Victoria) and regional (Preston) emphysema MDTs with VATS lung volume reduction surgery and endobronchial valve therapy available respectively

EDUCATIONAL PROGRAMME

Teaching

There is a regional teaching programme mapped out to cover all aspects of the curriculum in addition to the local teaching provided and the cardiothoracic training centres.

Blackpool: the Lancashire Cardiac Centre has its own independent educational facilities; whilst maintaining access and involvement in the wider educational activities of the trust (i.e. weekly grand round and senior clinician educational events and an active simulation suite). The centre also has a dedicated wet lab for individual use by trainees and regularly hosts wet lab-based training events, both as part of the Northwest regional training programme, and separately for local interdisciplinary training. The formal local educational programme is identified within the weekly timetable for protected teaching.

Liverpool: all middle-grade cardiothoracic doctors at LHCH are given to opportunity to have 6-monthly knowledge assessments in both cardiac and thoracic surgery. These assessments take the form of 30 minutes Vivas in both cardiac and thoracic surgery based on the FRCS CTh examination format. Feedback has always been that trainees find these very useful and indeed several trainees have won the gold medal for the exam in recent years.

Manchester: we offer weekly teaching (45-minute sessions) in various cardiac and thoracic surgery topics aiming to improve our trainees' knowledge relevant to the FRCS (CTh) examination. There is also a great focus on research and we have a big database that will allow our trainees to build their research experience.

The deanery holds the FRCS examination at its Manchester and Liverpool centres and there are simulation centres and resources at several units to provide training. The deanery caters to the needs of trainees, working with a high trainer/trainee ratio.

Training Outcomes/Notable Achievements

Intercollegiate Exam Record

In the last 3 years there has been a 100% pass rate for NTNs for both parts of the FRCS (CTh) exam.

Progress to Substantive Consultant Appointments (last 3 years)

- Matthew Smith: Consultant Thoracic Surgeon, Liverpool
- Stuart Grant: Consultant Cardiac Surgeon, Middlesbrough
- Duncan Steele: Consultant Cardiac Surgeon, Liverpool

CONTACTS

Training Programme Director: Mr Steven Woolley (steven.woolley@lhch.nhs.uk)

Trainee Representative: Mr Marcus Taylor (marcus.taylor1@nhs.net)

NORTHERN IRELAND DEANERY PROSPECTUS



INTRODUCTION

Head of School of Surgery: Mr Trevor Thompson

Training Programme Director: Mr Mark Jones

Core Surgical Training Programme Director: Mr Niall McGonigle

The Northern Ireland Medical and Dental Training Agency (NMDTA) has a long heritage of cardiothoracic surgery. The cardiac unit was established in 1968, with the founding surgeons trained by the pioneers of speciality. 'The Troubles' in Northern Ireland occurred between the 1960s and 1998 and is now in the distant past. The experience developed from being one of the major trauma surgical centres in the world during this time is still very much part of the fabric of the hospital however adding to the depth of training on offer. The Royal Victoria Hospital where the cardiothoracic unit is situated is the regional trauma unit for Northern Ireland with HEMS air ambulance and pre-hospital medicine delivered.

The Northern Ireland training programme enables a trainee to reap the reward of their hard work and good reputation as they are mentored and supported throughout the duration of their training. Trainees do not rotate to other centres and establish new training relationships. Instead, as they move through training, they develop their role within the department with increasing responsibilities.

PROPOSED ROTATIONS

In the past entry to the training programme was at ST3 level but has now moved to ST1 entry. In addition, ST4 entry for Thoracic Surgery has also been offered.

Thoracic Surgery Training

Royal Victoria Hospital Belfast and Cancer Centre Belfast City Hospital as well as links to regional hospitals in the province.

Cardiac Surgery Training

Royal Victoria Hospital Belfast including regional multidisciplinary meetings

Congenital and Transplant Subspecialty Training

In programme or out of programme fellowships can be coordinated but no routine exposure is offered within the deanery

Following appointment at ST1 trainees gain experience in general or vascular surgery along with cardiac and thoracic surgery. After obtaining MRCS successfully and satisfactory ARCP at the end of ST2, trainees will progress to a themed ST3 programme in either cardiac or thoracic surgery with relevant posts and assessments consistent with the curriculum. ST4 training in thoracic surgery has also been offered.

THE REGION

Northern Ireland is a vibrant and extremely welcoming region of the UK to call home. Many trainees come to train here with little knowledge of what to expect and never leave after falling in love with the diverse natural beauty in tandem with the extremely high standard and relative low cost of living. Belfast, the capital city, boasts a rich cultural and sporting heritage with independent cafés, bars, restaurants and theatres throughout a city which can easily be navigated on foot, bicycle or public transport.

There are few regions of the UK in which a person could experience mountains, lake, forests, coastal scenery all in the same day. Northern Ireland boasts a UNESCO world heritage site and eight designated Areas of Outstanding Natural Beauty in addition to over twenty National Trust Heritage sites.

Public transport and excellent road infrastructure also easily links Northern Ireland to the Republic of Ireland and all its major cities with the Wild Atlantic Way allowing the Island to be circumnavigated on bicycle or car.

HOSPITAL/TRUSTS

The Belfast Health and Social Care Trust is one of the largest health trusts in the UK combining both health and social care across 10 sites with all cardiothoracic services delivered from the Royal Victoria Hospital (a single tertiary cardiothoracic centre serving the 1.9 million population of Northern Ireland). The cardiothoracic unit has a combined ward with 32 surgical beds, cardiac ICU and access to the regional ICU and major trauma units when required.

Scope of Practice – Cardiac Surgery

The cardiac service prior to the pandemic was performing over 800 operations per annum, and the unit is on track to meet this annual target once again this year:

- Coronary artery revascularisation: including complete arterial and off-pump CABG
- Minimally invasive aortic valve replacement (mini-sternotomy and trans-apical TAVI)
- Complex mitral repair (with a TMVI case-series underway)
- Major aortic surgery (including valve sparing root replacements, PEARS procedure, ascending and arch replacements)
- Adult congenital surgery

Scope of Practice – Thoracic Surgery

The thoracic service prior to the pandemic was performing over 700 operations per annum, and the unit is on track to meet this annual target once again this year:

- VATS lobectomies and segmentectomies
- Pneumonectomies where single or double sleeve resections are not possible
- Chest wall resection and reconstruction
- Mediastinoscopy
- Intraluminal airway management
- In addition, a range of benign disease treatments are offered including empyema, diaphragmatic paralysis, chest wall surgery, complex pneumothorax surgery and trauma

The programme is designed for each trainee to gain a firm foundation in the technical fundamentals of the surgical discipline progressing to performing portions of operations under supervision to ultimately performing independent operations. In the final 2 years of training trainees across both cardiac and thoracic surgery report being the named surgeon in >80% of cases for which they scrubbed, with an opportunity to perform lists with the consultant present on site but not in theatre unless required – an exceptional preparation for consultancy.

GENERAL ROTA PATTERNS

Currently ST1 trainees join the junior trainee rota with progressive responsibilities during daytime working hours under direct supervision increasing in line with clinical experience and competency. After progressing to ST3, trainees join the registrar rota which is currently a 1 in 11 non-resident on-call system. There is a designated office and also separate bedroom both with full IT access should a trainee opt to remain onsite during their on-call in addition to where this is required by concerns over a particular patient care need. Registrars cover both thoracic, cardiac and trauma out of hours and are extremely well supported. There is both a cardiac and thoracic consultant surgeon, regional consultant anaesthetist and also a cardiac surgery consultant anaesthetist on-call. This is in addition to 2 onsite anaesthetic regional registrars, a critical care outreach team and 1 designated cardiac anaesthetic registrar resident 24/7. The rotas have been authorised as compliant, ensuring EWTD is implemented without obstructing training opportunities. All measures are taken to ensure an appropriate and safe learning environment.

EDUCATIONAL PROGRAMME

Teaching:

There is a weekly teaching programme on Wednesday afternoons; this alternates between FRCS examination question preparation, trainee lead journal club, and 2 didactic tutorials one on cardiac surgery and one on thoracic surgery.

The programme also runs bi-annual cardiac wet labs, in addition to annual VATS simulator and cardiac dry lab. An all-Ireland cardiothoracic training course was established last year consisting of an annual wet lab and teaching sessions.

Trainees are expected to attend the bi-annual SCTS courses pertaining to their level of training with study leave allocated and funding to cover travel expenses.

There is an expectation that trainees will attend at least one international cardiothoracic meeting per year with both study leave and funding from a maximum annual budget of £1250 again available.

Trainers:

All of our faculty are ISCP registered trainers. Two of our current consultants are FRCS examiners, with all surgeons keen to train, both in theatre and also in the holistic development of clinical acumen.

Trainees:

All trainees are assigned an educational supervisor and a primary clinical supervisor. In addition to formal annual ARCPs, interim ARCPs are conducted to assess progress, target learning outcomes and address any barriers to progression encountered.

The educational programme and assessments are carried out in line with the revised curriculum utilising ISCP work based assessments and multi-consultant consensus on competency. The deanery has mechanisms in place to support trainees in difficulty with the professional support unit. The programme offers opportunities for flexible working and is an equal opportunities employer. We offer maternity leave and there is the option of flexible working on return. The pursuit of higher degrees is supported either on a part-time basis whilst in training or as formal time out of training to pursue a MCh, MD or PhD.

Fellowship Opportunities:

Previous fellowships undertaken by trainees:

- Thoracic – Memorial Sloan Kettering, New York
- Thoracic – Royal Brompton, London
- Thoracic – Mass. General, Boston Massachusetts
- Major Aortic – St Bartholomew’s Hospital, London
- Major Aortic – Cleveland Clinic, Ohio
- Mini Mitral – Maastricht University Medical Centre, Maastricht

Training Outcomes/Notable Achievements:

Intercollegiate Exam Record: 100% recent success

Progress to Substantive Consultant Appointments: all recent trainees have been appointed to substantive posts

OOPT Trainees from Other Regions: 3 trainees over the last 5 years

NTN Recruitment: currently 5 trainees in post ranging from ST1 to ST7

CONTACTS

Training Programme Director: Mr Mark Jones (mark.jones@belfasttrust.hscni.net)

Trainee Representative: Mr Gareth Hooks (gareth.hooks@belfasttrust.hscni.net)

OXFORD DEANERY PROSPECTUS



INTRODUCTION

Training Programme Director: Mr Rana Sayeed (Mr Antonios Kourliouros from February 2024)

Core Surgical Training Programme Director: Ms Gisella Salerno

Head of School of Surgery: Prof Dominic Furniss

The department of cardiothoracic surgery at John Radcliffe Hospital (Oxford University Hospitals NHS Foundation Trust) offers training in the full range of adult cardiothoracic surgical procedures. Oxford undertakes > 800 cardiac and > 600 thoracic cases annually by six consultant adult cardiac surgeons and three consultant thoracic surgeons.

Scope of Practice – Cardiac Surgery

- Coronary artery bypass surgery: off-pump surgery, multiple arterial conduits. TTFM intra-operative graft flowmetry is standard practice
- Aortic valve surgery: besides routine AVR using stented biological and mechanical prostheses, Oxford has expertise in aortic valve-sparing root repair/replacement. The high-risk aortic stenosis programme offers trans-catheter aortic valve implantation (TAVI) or surgical aortic valve replacement if found to be unsuitable for TAVI
- Mitral valve surgery: Oxford has a >95% repair rate for degenerative mitral valve disease and has a growing minimally invasive programme. The service has a low threshold for concomitant tricuspid valve repair and offers AF ablation with coronary artery or valve surgery

- Thoracic aortic surgery: there are local and regional aortovascular MDTs. Oxford offers FET arch replacement for both elective and emergency cases

Scope of Practice – Thoracic Surgery

Thoracic surgery: Oxford offers training in the full complement of modern thoracic surgery, including VATS lobectomy, VATS thymectomy, VATS first rib resection, and interventional bronchoscopy for stenting and endobronchial valves. Oxford offers training in minimal access thoracic surgery at a high-resection rate centre. Oxford is a Major Trauma Centre with a rib fixation programme. A robotic thoracic surgery business case has also been written

PROPOSED ROTATIONS

The Oxford training programme begins with two years of Core Surgical Training within Phase 1, including six-month attachments in Thoracic, General, Vascular, and Cardiac Surgery. However, these attachments may be adjusted according to the trainee's experience and MRCS status.

Trainees start speciality training in Thoracic Surgery to develop early competency in bronchoscopy, VATS, and thoracotomy, thereby building first and independent operator experience. Further ST1-2 cardiac experience offers training in conduit harvest, sternotomy, cannulation, and coronary anastomoses. Phase 2 and 3 training will depend upon the trainee's sub-speciality preference for thoracic or cardiac surgery. Oxford trainees are offered a majority of non-resident on-calls by default to ensure that they maximise their time in theatre and that any non-theatre time is spent in areas of high-impact non-operative training, i.e. MDTs and clinics. Time on the cardiothoracic ward for Oxford ST1-2s is minimised by our cardiothoracic physician associates and resident FY2/fellow posts.

ST1s and ST2s will attend weekly clinics (with both new patient assessment with the consultant and follow-up reviews) during their time in cardiothoracic surgery. This will facilitate training in decision-making for operability, informed consent, and training in running follow-up programmes.

Example Thoracic Surgery ST1 timetable

- Monday am Sarcoma MDT or Theatre
 pm Theatre
- Tuesday am Theatre
 pm Theatre or Clinic
- Wednesday am Lung MDT
 pm Half-day or Administration

- Thursday am Alternating clinic
 pm Half-day or Administration or Clinic
- Friday am Theatre
 pm Theatre

Oxford trainees will be released to attend all SCTS educational events and SAC curriculum-aligned courses. Non-resident on-call does not require cross-cover. VATS simulators are provided for the newly appointed ST1 for their sole use. Trainees will be supported in audit, QIP, and clinical research.

The Oxford trainers are active in the JCIE Intercollegiate Specialty Exam, the Specialty Advisory Committee, and the Society for Cardiothoracic Surgery. Oxford trainers attend the National Cardiothoracic Selection Committee.

CONTACTS

Training Programme Director: Mr Rana Sayeed (rana.sayeed@ouh.nhs.uk) – Mr Antonios Kourliouros from February 2024

Trainee Representative: Ms Rhona Taberham (rhona.taberham@ouh.nhs.uk)

REPUBLIC OF IRELAND DEANERY PROSPECTUS

No prospectus received for 2023/2024.

CONTACTS

Training Programme Director: Mr Ronan Ryan (rryan@stjames.ie)

Trainee Representative: Mr Darragh Rice (darraghrice@rcsi.com)

SCOTLAND DEANERY PROSPECTUS

No prospectus received for 2023/2024.

CONTACTS

Training Programme Director: Mr Mark Danton (mark.danton@ggc.scot.nhs.uk)

Trainee Representative: Mr Sanjeet Singh (sanjeet.singh@glasgow.ac.uk)

SOUTHWEST DEANERY PROSPECTUS



INTRODUCTION

Training Programme Director: Prof Hunaid Vohra

Core Surgical Training Programme Directors: Mr Tristan Barton and Mr Richard Bamford (Severn), Mr Wesley Lai (Peninsula)

Head of School of Surgery: Mr Rob Longman

Thoracic Surgery Training Faculty:

- Bristol: Ms Eveline Interlulu, Mr Douglas West, Mr Igor Saftic, Mr Rakesh Krishnadas, Ms Laura Socci
- Plymouth: Mr Osama Elzain, Mr Adrian Marchbank

Cardiac Surgery Training Faculty:

- Bristol: Prof Hunaid Vohra, Mr Cha Rajakaruna, Mr Eltayeb Ahmed, Mr Mark Yeatman, Mr Franco Ciulli, Prof Raimondo Ascione, Prof Gianni Angelini
- Plymouth: Mr James Kuo, Mr Malcolm Darlymple-Hay, Mr Adrian Marchbank, Mr Clinton Lloyd, Mr Sanjay Asopa, Mr Bao Ngyen, Mr Aladdin Bashir

Congenital Cardiac Surgery Training Faculty:

- Bristol: Prof Massimo Caputo, Mr Serban Stoica, Mr Andrew Parry, Mr Shafi Mussa

The Southwest programme is based in Bristol and Plymouth. The ST1 programme is offered in partnership with Core Surgical Training Programme mainly based in Plymouth. We are a positive outlier in the GMC JCST surveys of 2021-2022.

This programme is approved for trainees who wish to become specialist thoracic surgeons, reflected in the internationally recognised higher training in thoracic oncology and VATS (lung and pleura), and specialist cardiac surgeons, offering various training opportunities in minimally invasive, aortic and mitral, TAVI and Mitraclip procedures. The programme also offers opportunities in pursuing an academic career in conjunction with the Academic Department of Cardiac Surgery at the University of Bristol and University of West England.

From its inception, the programme has offered very strong cardiac and thoracic training opportunities. We have forged international links with the USA, Europe and Canada through our International Complex Mitral Fellowship and offer several Out of Programme training opportunities. Trainees would generally spend 50% time in Plymouth and 50% in Bristol. The programme offers an exciting opportunity to explore congenital surgery, including its academic aspect, and pursue it as a sub-speciality.

Our aim is to provide comprehensive preparation for the FRCS (CTh) exam and all-round preparation for an independent consultant practice, tailored to the trainees' needs and delivered in a trainee-led fully supported environment.

THE REGION

The Southwest is one of the UK's most popular and vibrant regions centred around the towns and cities of Bristol, Plymouth, Exeter, Gloucester, Cheltenham, Taunton and Yeovil. Bristol is just over an hour's train journey from London. The area is studded with beaches and nearby forests.

HOSPITALS/TRUSTS

University Hospitals Bristol NHS Foundation Trust

The cardiothoracic unit is based at the Bristol Royal Infirmary (BRI) which is a university teaching hospital affiliated with Bristol University Medical School. The unit provides a comprehensive medical and surgical service for patients with cardiac and thoracic disease,

including congenital heart disease but excluding transplantation.

Scope of Practice – Cardiac Surgery

The annual cardiac surgical workload comprises over 1000 operations for acquired heart disease and over 300 operations for congenital heart disease. Patients are also treated at the regional unit for extra corporeal membrane oxygenation.

Scope of Practice – Thoracic Surgery

The full range of pleuropulmonary, chest wall and mediastinal surgery is performed for the Southwest population. Annual workload comprises over 1000 thoracic surgical procedures including radical mesothelioma resections and LVRS procedures. Over 40% of all major lung cancer resections are performed by VATS. Trainees carried out 50-60% of all lung cancer resections last year. Robotic thoracic surgery for lung resection and mediastinal lesions are currently being developed at Bristol. BRI is a regional trauma centre. We also undertake bronchoscopic work including stenting, EBUS and navigational bronchoscopy.

The programme also offers opportunities in pursuing internationally renowned training to prepare for academic careers. We currently have had two NIHR Clinical Fellows/Lecturers in conjunction with the University of Bristol supported by two BHF Professors of Cardiac Surgery. A large number of cardiothoracic trainees have completed post-graduate research with us (MRes, MSc, MDs and/or PhDs) while training with us or in other regions.

University Hospitals Plymouth NHS Trust

The cardiothoracic unit is based at Derriford Hospital, a university teaching hospital affiliated with Plymouth University Medical School. The unit provides a comprehensive medical and surgical service for patients with cardiac and thoracic disease, excluding congenital heart disease and transplantation. The cardiac and thoracic surgery workload, training ethos and conditions managed are very similar to Bristol.

EDUCATIONAL PROGRAMME

Teaching

In addition to the local MDTs and weekly departmental teaching sessions, the rotation has an organised and comprehensive regional teaching programme. The programme boasts cadaveric wet and dry lab facilities in Bristol as well as Plymouth.

Trainers

All the consultants of the rotation have completed Training the Trainer course and are registered with ISCP. Our faculty are actively involved with national educational events including:

- Essential Skills Course in Cardiothoracic Surgery
- Professional Development Courses
- Birmingham Review Course
- Introduction to Cardiothoracic Training
- SCTS University
- Cardiothoracic Trainees National “Boot Camp”
- Heart Research Endoscopic Masterclass
- TOE Leicester course
- BISMICS
- SM is a course co-director of the SCTS 4.1 Cardiac Course and SCTS 4.2 Non-Technical Skills Course

Trainees

All trainees are offered an educational contract with their AES, this is periodically reviewed by the AES as well as by the deanery and STC at annual and interim ARCPs.

ISCP

The educational programme and assessments are carried out in keeping with the ISCP work-based assessments. Trainees are expected to attend the SCTS courses pertaining to their levels. The deanery has mechanisms in place to support trainees in difficulty with the professional support unit. The programme offers opportunities for flexible working and maternity time off and is an equal opportunities employer. Handovers are facilitated by Excel spread sheets passed from doctor to doctor. The programme is integrated into the Bristol and Plymouth Postgraduate School of Surgery and is therefore subject to the Quality Assurance programme of the school. The Specialist Training Committee (STC) has regular representation from the school and deanery. All appointments have been supported by the deanery’s equality and diversity process. The RTC has co-opted a trainee representative who reports issues directly, and trainees complete regular placement assessment forms.

Training Outcomes/Notable Achievements

Intercollegiate Exam Record

Success amongst trainees for the written exam is 80% and for the clinicals is 100% at first attempt.

Progress to Substantive Consultant Appointments

More than 90% of trainees have progressed to a substantive consultant position in UK or abroad. NTN's have been recruited to the deanery on an annual basis.

Trainee Satisfaction

The Southwest programme has had very positive feedback both in the national GMC, JCST Surveys as well as the deanery's STAR rating, rating it as amongst the top three regions for cardiothoracic training in UK.

CONTACTS

Training Programme Director: Prof Hunaid Vohra (hunaid.vohra@uhbw.nhs.uk and hv15982@bristol.ac.uk)

STC Chair: Mr Shafi Mussa (shafi.mussa@uhbw.nhs.uk)

Trainee Representative: Mr Daniel Fudulu (paul.fudulu@uhbw.nhs.uk)

WALES DEANERY PROSPECTUS



INTRODUCTION

Training Programme Director: Mr Pankaj Kumar (Consultant Cardiothoracic Surgeon)

Core Surgical Training Programme Director: Mr Daniel Hanratty (Consultant General Surgeon)

Head of School of Surgery: Prof Wyn Lewis (Consultant General Surgeon)

Welcome to the Wales deanery! Training in Wales for cardiothoracic surgery offers a wide range of adult cardiac and thoracic services and training across two hospital sites: Cardiff and Swansea (located 42 miles apart with good transport link via M4). Beyond the routine adult cardiac and thoracic case mix, there is an opportunity to gain fantastic exposure and experience in mitral surgery, minimally invasive lung cancer resection, off-pump coronary surgery, major aortic surgery, chest wall surgery and many other sub-specialty interest in both cardiac and thoracic surgery.

In-line with SCTS/SAC and JCST training guidance, the Wales Deanery runs cardiothoracic training through a run-through ST1-ST7 programme.

The early years of training, ST1 and ST2 are run in conjunction with the Wales Deanery Core Surgical Training Programmes, giving the trainee core surgical competencies and qualifications on completion. The opportunity to attend all the educational sessions from the Core Programme will help in completing the MRCS (mandatory to progress to intermediate years).

In phases 2 and 3 of surgical training there is annual rotation between the two units supported by out of programme experiences and closely following the cardio-thoracic curriculum, allowing you to gain competencies in your chosen dominant and non-dominant specialities.

Fellowships later in the programme are actively encouraged. The deanery has excellent relationships with neighbouring and distant trusts which allows the undertaking of short and

extended out of programme experiences, training and fellowships. Historically, we have had good links with Birmingham and Papworth if you wished to pursue interests in congenital or transplant surgery. We encourage trainees to develop a Personal Development Plan with their supervisor and use Educational Development Time in their schedule to focus on their interests and projects.

PROPOSED ROTATIONS

At the time of writing, ST1 is split across the 2 sites, with 6 months in Cardiff on the vascular/general surgery firm, followed by 6 months of cardiothoracic surgery at Morriston hospital in Swansea (this is currently under review).

From ST2 onwards you will spend your remaining rotations in cardiothoracic surgery. ST2 is spent in Cardiff with 6 months in the thoracic rotation and 6 months in cardiac. The Welsh core surgical teaching programme is also available to support trainees who are yet to achieve MRCS.

ST3-ST7 rotations are subject to trainee preference and own interests where possible.

THE REGION

South Wales is a fantastic region to work and live. The two largest cities, Cardiff and Swansea, offer an endless host of daytime and evening activities in the city centres and the surrounding areas. The Principality Stadium in Cardiff makes it very easy to watch world class international rugby and the multiple arenas frequently host A-list music acts. The surrounding towns are also not to be missed with beautiful beaches in West Wales and the Mumbles, plus the Brecon Beacon and surrounding Mountains just north of Cardiff.

HOSPITALS/TRUSTS

Cardiff and Vale University Health Board

The cardiothoracic department in Cardiff has historically been based at the University Hospital of Wales (UHW), also known as the Heath Hospital. The Heath is a large, tertiary teaching hospital with a wide range of specialities including paediatric surgery, covering a huge host of medical conditions. Shortly after the first COVID-19 pandemic lockdown, cardiothoracic services temporarily moved to University Hospital Llandough (UHL) in order to continue operating in a “green” zone throughout the pandemic. As services continually return to normality, the department is expected to return completely to the Heath in the near future.

Scope of Practice – Thoracic Surgery

The Cardiff thoracic department offers a vast range of operative services including uni, bi and tri-portal VATS anatomical lung resection with infra-red and 3D endoscopy, endo-bronchial therapies, mediastinal resection, chest wall surgery including pectus and a large volume of chest trauma work in conjunction with the Cardiff Major Trauma Centre. Additionally, the department will soon be instituting a thoracic robotic programme and a navigational bronchoscopy service. Our department is also a recruitment centre for national RCTs for rib fixation, traumatic pneumothorax and LVRS procedures. This gives you good exposure to participating in trial recruitment and enhancing your research experience.

Consultants:

- Mr Ainis Pirtnieks – uni/biportal VATS
- Ms Malgorzata Kornaszewska – uni/biportal VATS, pectus surgery, LVRS/EBV
- Mr Vasileios Valtzoglou – tri-portal VATS, empyema
- Mr Tom Combella – uni/biportal VATS, trauma, robotic

Scope of Practice – Cardiac Surgery

Cardiac surgery in Cardiff offers fantastic opportunities to learn and develop interests and skills in a variety of surgical subspecialties. Regular exposure to off-pump coronary surgery, major aortic work, mitral repair and minimally invasive aortic valve work will allow great depth and breadth in these essential and desirable topics and skills. The department has very good links with the interventional and conventional cardiology department with shared teaching available.

Consultants:

- Mr Dheeraj Mehta (Clinical Lead) – off-pump CABG, mitral
- Professor Indu Deglurkar – major aortic
- Professor Ulrich Von Oppell - mitral
- Mr Mesbah Rahman – adult cardiac
- Mr Michail Koutentakis – adult cardiac

Swansea Bay University Health Board

The cardiothoracic unit is based at Morriston Hospital, a large university teaching hospital with close links to Swansea University which runs a fantastic postgraduate medicine programme. Situated on the M4, Morriston serves a large community from Bridgend to the far regions of West Wales. It offers tertiary services including cardiothoracic surgery, burns and plastics and max-facs amongst other specialist services

The cardiothoracic department consists of 7 adult cardiac surgeons and 2 thoracic surgeons:

- Mr Afzal Zaidi (clinical director) – adult cardiac
- Mr Pankaj Kumar (TPD and deputy medical director) – mitral
- Mr Aprim Youhana – adult cardiac

- Prof Syed Ashraf – adult cardiac
- Prof Ira Goldsmith – thoracic
- Prof Farah Bhatti – adult cardiac
- Mr Fabio Falconieri – adult cardiac
- Mr Francois Lhote – thoracic
- Mr Saleem Mujtaba – adult cardiac

GENERAL ROTA PATTERNS

The rotas in both Cardiff and Swansea follow a similar pattern of time in theatre and on-call responsibilities. We aim to have trainees in theatre 2-3 lists per weeks with the target of good training and educational value in all lists. Both hospitals run a trainee-specific rota to focus on providing high-yield learning environments in line with JCST quality indicators. The trainees have an approximate 1 in 10 on-call commitment for weekends and night shifts.

ITU/HDU cover, MDTs and clinics are all regularly included in clinical duties to give a well-rounded experience for junior trainees. There is great flexibility with study leave and annual leave requests. Additionally, during your ST2 year, you are given the opportunity to manage the SCP/SHO rota, giving you a great opportunity to develop managerial experience and an opportunity to optimise where you are placed based on your needs at that stage.

EDUCATIONAL PROGRAMME

Teaching

Regular consultant teaching takes place between the two hospitals for trainees and trust-appointed doctors. Monthly wet labs allow the development of essential skills in a safe environment and allow great progression of technical abilities.

Journal clubs and trainee-led teaching offers a great chance to develop critical appraisal skills and in-depth knowledge on subjects.

Several of the consultant surgeons are members of the SCTS and SAC and so offer great insight and help when preparing for exams and future consultant interviews.

Additionally, we have consultants and trainees on both the Royal College of Surgeons England and Royal Society of Medicine councils which offers great advantages from an educational perspective.

Training Outcomes/Notable Achievements

Progress to Consultant Appointments

- Mr Adam Szafrank – Consultant Cardiac Surgeon, Nottingham

- Mr Paul Vaughan – Consultant Thoracic Surgeon, St George’s Hospital, London
- Ms Melanie Jenkins – Consultant Thoracic Surgeon, St George’s Hospital, London
- Mr Hazem B Fallouh – Consultant Thoracic Surgeon, Birmingham
- Mr Omar Nawaytou – Consultant Cardiac and Aortic Surgeon, Liverpool
- Mr Prakash Nanjiah – Consultant Cardiac Surgeon, Stoke
- Ms Anna Lopez – Consultant Cardiac & Aortic Surgeon, St Bartholomew’s Hospital, London
- Mr Tom Combella – Consultant Thoracic Surgeon, Cardiff

Fellowships/Out of Programme Placement Opportunities

- Mr Joe George – Hospital for Sick Kids, Toronto (Congenital Cardiac Surgery)
- Mr Sam Poon – Royal Papworth Hospital, Cambridge (Transplant & Adult Cardiac)
- Ms Chiara Proli – Royal Brompton Hospital, London (Thoracic Surgery/Research)

CONTACTS

Training Programme Director: Mr Pankaj Kumar (pankaj.kumar@wales.nhs.uk)

Trainee Representative: Ms Jennifer Williams (jennifer.williams12@wales.nhs.uk)

WESSEX DEANERY PROSPECTUS



INTRODUCTION

Head of School of Surgery: Mr Simon Sleight

Training Programme Director: Mr Edwin Woo

Core Surgical Training Programme Director: Ms Hasnaa Ismail-Koch

The Wessex Deanery Cardiothoracic Training Programme is a hugely successful programme, with an excellent track record in cardiac and thoracic surgical training.

The programme is based solely at Southampton General Hospital (part of the University Hospital Southampton NHS Foundation Trust) which includes the Wessex Cardiac Centre (which houses the cardiac surgery and cardiology services) and the thoracic and congenital cardiac surgery units, all within the same hospital.

The deanery programme is one of only three cardiothoracic programmes in the UK and Ireland (the others being in Oxford and Northern Ireland) where trainees do not have to rotate between different hospitals and remain in the same hospital throughout their training period (ST1/ST4 to ST7). This generally provides a very positive opportunity for trainees to progress quicker within the same department (that already has a strong ethos of training) and foster more meaningful mentoring relations, all while benefitting from unparalleled exposure to the full scope of practice in cardiac, thoracic and congenital cardiac surgery (excluding transplantation and ventricular assist devices).

PROPOSED ROTATIONS

The programme rotations according to grade are:

- ST1-2 (SHO level): ST1-2 training is carried out in conjunction with the Core Surgical Training Programme. ST2 trainees who have completed their MRCS will be placed on the SpR rota (with appropriate support/buddying-up) to help progress their basic cardiothoracic skills in preparation for their transition to the SpR role (ST3 onwards). Trainees are required to declare their preferred specialty by ST4 at the latest (cardiac or thoracic), and will spend some time in their non-chosen specialty (cardiac for thoracic trainees and vice versa) to acquire relevant competencies mapped out in the ISCP curriculum (this is usually a total indicative time of 1 year, however the time may differ as the curriculum is competency-based)
- ST3-ST7 (SpR level): trainees will spend the majority of their time in their chosen specialty (and some time in their non-chosen specialty as mentioned above) to acquire the competencies and progress through the relevant training phases (1-3) as defined by the ISCP curriculum:
 - Phase 1 (indicative 3 years ST1-3) to gain basic cardiothoracic competencies, complete MRCS, assessed at annual ARCP
 - Phase 2 (indicative 2 years ST4-5) to progress in general cardiothoracic competencies with at least half/the majority of time spent in the chosen specialty. At the end of phase 2 if trainees have acquired the relevant competencies, they will be eligible to sit the FRCS exam
 - Phase 3 (indicative 2 years ST6-7): trainees spend time only in their chosen specialty and are encouraged to pursue a subspecialty interest and supported in arranging fellowships. The unit is looking into ways for trainees to move to a non-resident on-call pattern during phase 3 training to maximise available theatre time and allow them to focus on their subspecialty competencies
- Thoracic Surgery Entry ST4-ST7 (SpR level): trainees who start their training at ST4 level in thoracic surgery will spend the majority if not all of their time in thoracic surgery training as long as they acquire/have acquired their cardiac competencies (as they would have done some cardiac training before starting as an ST4). They will start their programme in phase 2 and will be eligible to sit the FRCS exam as soon as they have completed their phase 2 competencies. Senior thoracic trainees can apply for a Senior Surgical Fellow grade that allows them to work on the thoracic consultant rota and have their own operating lists with the appropriate support.

Example Rotations:

Phase 1

ST1 Surgical HDU or General/Cardiac ICU (Aug-Dec) - T&O or Upper GI (Dec-Feb)
 - Cardiothoracic Surgery SHO Rota (Feb-Aug)

ST2 Cardiothoracic Surgery (SHO Rota, can progress to SpR Rota as soon as completes MRCS)

ST3 General Cardiac/Thoracic Surgery SpR Rota

Phase 2

ST4-ST5 General Cardiac/Thoracic Surgery SpR Rota

Phase 3

ST6-ST7 General Cardiac/Thoracic Surgery SpR Rota (pursuing subspecialty interest)

THE REGION

Southampton is a beautiful maritime city with very decent coastal weather (compared to most of the UK!) The city has excellent transport links (trains to London run every half hour and take an hour and fifteen minutes), there are several beaches and shopping outlets in the surrounding cities/towns of Portsmouth, Bournemouth and Fareham, the Isle of Wight is a short ferry's journey away and hosts a fantastic annual festival amidst its beautiful natural landscape. Water sport activities are popular in Southampton (centred in the port area and Ocean Village) and the city has several lovely restaurants, museums, parks, golf courses, a huge shopping centre (West Quay) and lots of great public amenities. The beautiful historic town of Winchester is a mere 20 minutes away from the hospital, and there are fantastic hiking trails in the surrounding regions of Salisbury and Wiltshire. House/flat prices are much more affordable than London and the city has several primary and secondary schools with an "Outstanding" Ofsted rating.

HOSPITALS/TRUSTS

University Hospital Southampton NHS Trust

Southampton General Hospital (SGH) is a tertiary and major trauma centre (MTC) with over 1,400 beds and a major teaching hospital with close ties to the renowned University of Southampton. The department has a good track record of academia.

The cardiothoracic department delivers the full breadth of adult cardiac surgery, thoracic surgery and congenital cardiac surgery (paediatric and adult congenital heart disease), excluding transplantation/ventricular assist devices. There is a team of 10 cardiac consultants, 6 thoracic consultants and 4 congenital cardiac consultants who work closely with the cardiology, respiratory, oncology, vascular, anaesthetic and intensive care teams.

Scope of Practice – Adult Cardiac Surgery

- Coronary artery revascularisation (including use of arterial grafts)

- Aortic valve surgery (including minimal access, surgical TAVI and use of sutureless/rapid-deployment valves)
- Complex mitral valve repair (the department is looking to start a minimal access mitral programme), the unit has a high mitral valve repair rate with two experienced mitral surgeons (repair is the default choice attempted by consultant surgeons who all have good experience in different repair strategies). Surgical ablation for atrial fibrillation (AF) through pulmonary vein isolation or the Maze procedure is routinely performed when indicated, and the unit also has a stand-alone convergent ablation programme in collaboration with the electrophysiology cardiology team. There is a low threshold to treat any concomitant valve pathology where indicated and complex/redo procedures are routinely performed with excellent outcomes
- Aortic surgery (including valve sparing root replacement, frozen elephant trunk repair, AMDS device use and complex redo surgery). SGH is a leading centre in major aortic surgery and routinely complex aortic repairs in both the acute and elective settings. Our aortic dissection caseload and procedure numbers are amongst the highest in the UK, and . The unit organises weekly complex aortic MDTs with the surrounding regions. The department has three experienced and active aortic surgeons (who have leading roles in aortic surgery at a national level) but all consultant surgeons have experience with the above procedures and participate in the aortic dissection rota. Mr Geoffrey Tsang (consultant aortic and cardiac surgeon) also performs thoracoabdominal aortic aneurysm repair in collaboration with the vascular surgery team for extensive aortopathy that is not amenable to stenting
- Emergency: we cater to all adult emergency referrals. SGH is a MTC with dedicated emergency, surgical, anaesthetic and intensive care doctors with an interest/subspecialising in trauma care. The hospital has a substantial trauma workload and cardiac and thoracic trauma is primarily dealt with by the SpR on-call with the appropriate support from the consultant on-call, providing excellent learning opportunities
- Cardiac High Dependency Unit (CHDU): the unit is one of the few in the UK with its own CHDU managed by the on-call cardiac surgery SpR and SHO with appropriate support by the on-call cardiac surgery consultant and the relevant cardiac teams. CHDU can accommodate two “fast-track” postoperative patients daily (patients transferred directly from theatre to CHDU to be extubated there a few hours later as part of the enhanced recovery after surgery (ERAS) programme). The extubation is managed by the anaesthetic team, all daily/regular CHDU management (including use of inotropes/vasopressors or insertion of arterial lines when needed) is done by the cardiothoracic SpR and SHO day on-call team with the relevant support
- The unit has an impressive workload and can often have up to 80-90 cardiac surgery and 40 thoracic surgery inpatients. However, there is a formidable number of registrars, SHOs (13 in total) and ACPs (9 cardiac, 6 thoracic) and SCPs (5 cardiac) to help run the service while ensuring everyone’s training needs are met

Scope of Practice – Thoracic Surgery

- Anatomical lung resections for malignant/benign lesions: the unit regularly performs >80% of surgical resections through VATS or robot-assisted thoracic surgery

(RATS), with experience in vascular/bronchoplastic sleeve resections, biportal VATS technique and two different robot systems (Da Vinci and CMR)

- Cervical mediastinoscopy and bronchoscopic interventions: navigational bronchoscopy with/without EMB, airway stent insertion, laser/debulking procedures
- Complex chest wall resection/reconstruction procedures (including sternal and Nuss procedures)
- Open reduction and internal fixation for rib fractures: Southampton has one of the highest numbers of rib fracture fixation in the UK and has a wealth of experience in management of thoracic trauma/infections
- Lung volume reduction surgery (LVRS): routinely performed with good outcomes for end-stage COPD patients
- Targeted Lung Health Screening: Southampton was one of the pioneers in the region to implement the lung screening in the region and the pilot run has been a huge success in identifying early-stage lung cancer as well as incidental thoracic findings, benefitting patients and significantly increasing the number of thoracic procedures performed
- The department is a huge proponent of ERAS and performs almost all of its elective procedures with same-day admission and has a comparatively short average length of hospital stay. We have had good experience in discharging patients with small ongoing air leaks with flutter bags to enhance their mobility and recovery and reviewing them as ward attenders shortly afterwards for drain removal. Most smaller procedures that do not involve lung resection are performed routinely as day-case procedures with excellent outcomes

Scope of Practice – Congenital Cardiac Surgery

- Structural heart anomalies: ASD/VSD repair, Norwood procedure for hypoplastic LHS and single-ventricle defects, Tetralogy of Fallot repair
- Great vessel anomalies: repair of transposition of the great arteries (TGA) through the arterial switch procedure, coarctation of the aorta (CoA) repair, PDA ligation
- Valve anomalies: TV and PV atresia
- Adult Congenital Heart Disease (ACHD): aortic and mitral valve repair, valve-sparing root replacement, procedures for coronary vessel/pulmonary venous return anomalies
- ECMO institution and support: SGH is not a designated regional ECMO referral centre (St Thomas for the Southeast) but ECMO can be instituted for adult cardiac and adult/paediatric congenital cardiac surgery inpatients when deemed appropriate, and all our teams have the relevant experience to manage these patients

GENERAL ROTA PATTERNS

SHO Rota

The cardiothoracic SHO rota has 13 SHOs in total (usually 2 FY2s, 2 Foundation Fellows, 7-8 Trust-Grade Fellows and 1-2 ST1-ST2s). ST1-ST2s will be on the SHO rota (to allow them to acquire competencies in CHDU and on-call management) but will be prioritised in theatre

and there will never be a shortage of theatre days or opportunities to acquire basic procedural competencies. SHOs usually get around 1-2 theatre days per week and ST1-ST2s will likely get at least 2 theatre days per week. There is a strong training culture among the SpRs and consultants and ST1-ST2 trainees will have plenty of opportunities to perform ward-based procedures (chest drain and arterial line insertions) with support and independently and buddy-up with an SpR in their ST2 year while on the SpR rota to progress in managing emergency referrals and trauma cases.

SpR Rota

The SpR rota is shared among adult cardiac (11 SpRs), thoracic (4 SpRs) and congenital cardiac (2 SpRs) surgery. The work pattern is similar for all three types of SpRs, involving mostly theatre (on average 2-3 days per week), 2-3 clinic days per month for cardiac and thoracic SpRs and 2 admin days, 7 night shifts and 7 day (CHDU) on-call shifts in 17 weeks. The rota is resident on-call but the unit is looking to introduce a non-resident component soon to help with emergency cases out-of-hours and allow more training opportunities for SpRs. Thoracic and cardiac SpRs regularly attend MDTs and present and contribute at M&M meetings. SpRs cover cardiac, thoracic and congenital patients when on-call out of hours (4 pm to 8 am and on weekends/bank holidays), otherwise the rota allocations are quite well organised to allow each team to cover its own patients, ensuring continuity of care and more focussed management. Cardiac surgery is firm-based; each SpR works with a specific consultant and does the daily ward round for their patients (a nominated SpR covers when they are off/on leave with a handover process in place).

EDUCATIONAL PROGRAMME

Teaching

The unit has a local teaching programme directed towards, SHOs/ACPs/SCPs and SpRs and delivered by SHOs, SpRs and consultants. The sessions focus on the relevant cardiac (ESC/EACTS) and thoracic (BTS) guidelines to the FRCS exam and is pitched at a level suitable for SHOs/ACPs but also allowing SpRs to refresh their memory of these important topics and openly discuss the presentation afterwards to maximise learning. The unit has dry and wet lab facilities and regularly organises simulation days and the Cardiac Surgery Advanced Life Support (CALS) course. The thoracic surgery team has a monthly journal club. There are several opportunities to get involved in teaching medical students basic surgical/cardiothoracic skills.

Trainers

The programme is well-known historically for its good track record in training. The below list is certainly not exhaustive, but highlights notable trainers/consultants with significant subspecialty experience:

Mr Geoffrey Tsang trainer in complex aortic surgery, previous FRCS examiner

Mr Clifford Barlow	trainer in mitral surgery, previous FRCS examiner
Prof Sunil Ohri	trainer in TA-TAVI, OPCAB, complex valve interventions, previous FRCS examiner
Mr Szabolcs Miskolczi	trainer in general cardiac and mitral/aortic surgery and AF ablation
Mr Theodore Velissaris	trainer in general cardiac and mitral/aortic surgery and AF ablation
Mr Dimitrios Pousios	trainer in mitral and general cardiac surgery
Mr Suvitesh Luthra	trainer in aortic and general cardiac surgery
Mr Amit Modi	trainer in aortic and general cardiac surgery
Mr Edwin Woo	trainer in general thoracic and robotic surgery
Mr Lukacs Veres	trainer in general thoracic and robotic surgery
Mr Aiman Alzetani	trainer in general thoracic surgery and navigational bronchoscopy
Mr Martin Chamberlain	trainer in general thoracic surgery and navigational bronchoscopy
Mr Alessandro Tamburrini	trainer in general thoracic surgery, chest wall resections and trauma surgery

Training Outcomes/Notable Achievements

Intercollegiate Exam Record:

We have had a 100% pass rate for the FRCS exam over the last 5 years.

Progress to Consultant Appointments (in the last 3 years):

- Abdul Badran – Locum (Thoracic), Basildon
- Oliver Harrison – Substantive (Thoracic), Southampton
- Mobi Rehman – Locum (Cardiac), London
- Danai Karamanou – Substantive (Cardiac), Middlesbrough
- Ali Al-Sarraf – Locum (Cardiac), Leeds

Trainees from Other Regions/Fellowship Opportunities:

The thoracic unit has recently established an international fellowship for robotic and advanced thoracic surgery and a senior fellow position that provides unparalleled exposure to all aspects of thoracic interventions, with very promising initial feedback.

The unit has strong links with various US, European and Australian centres for fellowship opportunities. Mr Clifford Barlow is the first International Chair of the Membership Committee of the American Association for Thoracic Surgery (AATS).

CONTACTS

Training Programme Director: Mr Edwin Woo (edwin.woo@uhs.nhs.uk)

Trainee Representative: Ms Lauren Dixon (lauren.dixon@uhs.nhs.uk)

WEST MIDLANDS DEANERY PROSPECTUS



INTRODUCTION

Training Programme Director: Mr Shilajit Ghosh (Consultant Thoracic Surgeon, Royal Stoke University Hospital)

Head of School of Surgery: Mr Andrew Garnham (Consultant Vascular Surgeon, New Cross Hospital, Wolverhampton)

Trainee Representatives: Mr Chris Bond and Ms Alina Budacan

The West Midlands Cardiothoracic Surgery Training Programme has been one of the largest and very successful training rotations in the country for a long time. The programme has always been successful in gaining trainees through national selection, both for ST1 and the previous ST3 entry points. Almost every trainee from the region has gone on to become a substantive consultant in cardiac or thoracic surgery, either in the UK or abroad. The programme provides one of the most comprehensive training programmes in the UK, covering every aspect of adult cardiac, paediatric cardiac, transplantation and thoracic surgical training. There are also research and academic opportunities available to all trainees. Trainees usually rotate between five training units across the breadth of West Midlands; the programme is unique in that each of the units have their own medical school, with close liaison with the respective universities, which allows trainees to develop themselves as teachers and trainers from a very early stage.

The programme provides a very high level of surgical training in the following fields:

Cardiac Surgery

- Coronary revascularisation surgery (including complex procedures)
- Major aortic surgery
- Complex mitral valve surgery
- Minimally invasive cardiac surgery
- Complex congenital surgery
- Heart and lung transplantation
- VADs and ECMO support

Thoracic Surgery

- Advanced VATS surgery
- Robotic thoracic surgery
- Advanced lung cancer resections
- Airway surgery
- Chest wall surgery
- Pectus surgery

PROPOSED ROTATIONS

ST1 Programme

Currently all ST1 appointments do 6 months of general surgery, 6 months of thoracic surgery and one year of cardiac surgery between Birmingham and Coventry. Trainees are expected to complete the MRCS exam by end of ST2 to progress to ST3 level. At this stage, though they are not required to do any on calls, trainees work very closely with the senior trainees in preparation for their ST3 role.

ST3-ST7 Programme

Upon successful progression in to ST3 stage, trainees rotate between the 5 hospitals till the end of ST7. Trainees are actively encouraged to declare their career interest as early as possible (by the end of ST3/ST4 at the latest) to facilitate their training opportunities.

ST4 Programme

This programme allows direct entry into thoracic surgery training, through a highly competitive national selection process. Trainees selected for this rotate between Stoke, Birmingham, Coventry and Wolverhampton, gaining a huge breath of experience in all aspects of thoracic training, including advanced VATS, robot-assisted thoracic surgery, trauma and airway surgery.

HOSPITALS/TRUSTS

University Hospital of North Midlands NHS Trust

Royal Stoke University Hospital has one of the best units in the country for providing high quality training, both in cardiac and thoracic surgery, including complex cases and trauma. There is huge scope for developing the research and academic aspects of training.

Thoracic Surgery Consultants

- Mr Shilajit Ghosh
- Ms Lakshmi Srinivasan
- Ms Udo Abah
- Mr Kaj Mahendran

Cardiac Surgery Consultants

- Mr Lognathen Balacumaraswami
- Mr Prakash Nanjaiah
- Mr Qamar Abid

University Hospitals of Birmingham NHS Trust

The Queen Elizabeth Hospital is a professorial unit that has always been very sought after for cardiac surgical training. Recent merger with the Heartlands Hospital in Birmingham (one of the pioneering units of thoracic surgery in the UK) has made it a highly desirable training unit for thoracic surgery as well. Along with clinical training, there is a huge opportunity for research and academic activity, especially in thoracic surgery.

Thoracic Surgery Consultants

- Prof Babu Naidu
- Mr Hazem Fallouh
- Ms Ashwini Menon

- Ms Vanessa Rogers

Cardiac Surgery Consultants

- Mr Stephen Rooney
- Mr Jorge Mascaro
- Mr Mohinder Bhabra
- Mr Aaron Ranasinghe
- Mr Ahmed Ashoub
- Mr Eshan Senanayake

The Birmingham Children's Hospital has been a flagship hospital for congenital cardiac surgery at a UK and international level for many years. The exposure trainees get to paediatric cardiac surgery (even if this is not their intended subspecialty) is unparalleled.

Congenital Cardiac Surgery Consultants

- Mr Tim Jones
- Mr Phil Botha
- Ms Natasha Khan
- Mr Nigel Drury (Academic)

Royal Wolverhampton NHS Trust

New Cross Hospital provides high quality training in cardiothoracic surgery, with an excellent record of trainee satisfaction.

Thoracic Surgery Consultants

- Mr Mohammed Habib
- Mr Patrick Yiu

Cardiac Surgery Consultants

- Mr Stephen Billing
- Mr Maciej Matuszewski
- Mr Mahmoud Abdelaziz
- Mr Nikolas Nikolaidis
- Mr Giuseppe Rescigno

University Hospitals of Coventry and Warwickshire NHS Trust

University Hospital Coventry has long been a premier unit in the region, especially for mitral valve surgery. Over the last few years, it has also developed into a great training unit for thoracic surgery.

Thoracic Surgery Consultants

- Mr Antonio Martin-Ucar

- Mr Luis Henandes

Cardiac Surgery Consultants

- Mr Uday Dandekar
- Mr Thomas Barker

TRAINEE PERSPECTIVE

Trainees have been generally happy with the rotation for a long time and there is a very proactive and dedicated training committee who make every effort to match the trainees' needs with the appropriate training units. There is a very active process of engagement and a culture of openness with trainees to better understand any issues that might be hampering training, whether clinical or non-clinical, and institute prompt appropriate actions. The deanery actively encourages Out of Programme placements and experiences and has ties with a few units abroad in France, Malaysia and China.

EDUCATIONAL PROGRAMME

There is a monthly regional teaching programme, including wet lab and skills stations, covering all aspects of the curriculum, as well as local departmental teaching provided in all the cardiothoracic training centres. The Birmingham Review Course for preparation for the FRCS (CTh) examination is one of the best of its kind in the country and the departmental teaching at the Birmingham Children's Hospital is also of a very high standard.

There are two professorial units in the region (QEH and Birmingham Children's Hospital), and trainees are provided with ample scope for conducting meaningful research and actively encouraged to pursue higher degrees as an MSc, MD and PhD.

We have a 100% success rate for NTN's in the region in the last 4 years in passing the FRCS (CTh) examination.

CONTACTS

Training Programme Director: Mr Shilajit Ghosh (shilajit.ghosh@uhnm.nhs.uk)

Trainee Representatives: Mr Chris Bond (chrisbond1@nhs.net) and Ms Alina Budacan (alina.budacan@nhs.net)

YORKSHIRE DEANERY PROSPECTUS



INTRODUCTION

Training Programme Director: Prof Mahmoud Loubani

Trainee Representative: Mr Nabil Hussein

Head of School of Surgery: Mr Paul Renwick

Members of the STC:

Leeds General Infirmary: Ms Betsy Evans

St James's Hospital: Mr Richard Milton

Northern General Hospital: Mr Jagan Rao and Mr Neil Cartwright

Castle Hill Hospital: Mr Mubarak Chaudhry and Mr Suhail Qadri

This is a very successful training programme which was enhanced by Sheffield joining the Yorkshire programme in 2009. The ST1 programme is offered in partnership with Core Surgical Training Programme and is based in Northern General Hospital with 6 months of vascular surgery and 6 months of general surgery. The ST2 year is 6 months in cardiac and 6 months in thoracic Surgery and can be in Sheffield, Leeds or Hull. Trainees rotate through Castle Hill Hospital in Hull, St James's Hospital and Leeds General Infirmary in Leeds in addition to the Northern General Hospital in Sheffield.

We are a positive outlier in the GMC NTS survey of 2023 and have been commended by HEE Thematic Review of Cardiothoracic Surgery in 2022 finding of evidence of good education and training quality.

This programme provides excellent training opportunities for both cardiac and thoracic trainees and also has access to congenital cardiac surgery at St James's Hospital. It offers high level of training in aortic, mitral and AF surgery (both open and minimal access). thoracic surgery training includes robotic surgery, endobronchial valves, navigational bronchoscopy and single port VATS techniques.

The programme also offers opportunities in pursuing training to prepare for academic careers. We had two NIHR Clinical Lectureships in conjunction with the University of Hull completed recently and currently have an Academic Clinical Fellow based in Sheffield.

The programme commences with one year of Core Surgical Training during which the trainee is expected to complete the MRCS exam. This typically includes vascular surgery and general or upper gastrointestinal surgery. This is followed by one year in Core Cardiothoracic Surgery with wide exposure to basic adult thoracic and cardiac surgery. The ST2 trainee is normally shadowing a higher trainee for on-calls in preparation for ST3. All Trainees will be expected to pursue cardiac or thoracic surgery from ST4 upwards.

We have a strong academic unit in Hull and Sheffield where a number of trainees and doctors prior to training completed MDs or PhDs. We have attracted trainees from other regions to Hull to complete postgraduate research and also attracted trainees to gain advanced skills in thoracic and cardiac surgery. Our aim is to give unrivalled comprehensive preparation for the FRCS(CTh) exam and all-round preparation for a consultant career.

Our teaching programme is very well organised and runs once a month at least with great opportunities for wet lab and cadaveric training.

PROPOSED ROTATIONS

ST1: Northern General Hospital

ST2 and above: trainees rotate through all units on the Yorkshire rotation depending on their chosen speciality and training needs after discussion with the TPD

ST6 and ST7: trainees have a choice where to complete their training

THE REGION

Yorkshire is a very large county with 10% of England's population. The cardiothoracic centres are based in major vibrant cities of Leeds, Sheffield and Hull with great amenities and transport networks.

HOSPITALS/TRUSTS

Castle Hill Hospital (Hull University Teaching Hospitals NHS Trust)

Leeds General Infirmary and St James Hospital (Leeds Teaching Hospitals NHS Trust)

Northern General Hospital (Sheffield Teaching Hospitals NHS Foundation Trust)

EDUCATIONAL PROGRAMME

Teaching

In addition to the local MDTs and weekly departmental teaching sessions the rotation has an organised, comprehensive regional teaching programme including cadaveric and wet lab facilities in Hull and Leeds and wet and dry lab facilities in both the units as well as in Sheffield. Hull offers a great number of courses through the Hull Surgical Training Centre.

Trainers

All the consultants of the rotation have completed the Training the Trainer course and are registered with ISCP. The trainers in each unit are carefully selected and assigned as Educational Supervisors to suit the needs of the trainee.

Trainees

All trainees are offered an educational contract with their AES, this is periodically reviewed by the AES as well as the STC at annual and interim ARCPs.

ISCP

The educational programme and assessments are carried out in keeping with the ISCP work based assessments. The trainees are expected to attend the SCTS courses pertaining to their levels. The deanery has mechanisms in place to support trainees in difficulty with the professional support unit. The programme offers opportunities for flexible working and maternity time off and is an equal opportunities employer. There is a trainee representative elected by the trainees every two years and reports to the TPD and STC any issues the trainees are encountering.

Training Outcomes/Notable Achievements

Progress to Substantive Consultant Appointments

- Priyad Ariyartnam: Consultant Thoracic Surgeon, Plymouth
- Joshil Lodhia: Consultant Thoracic Surgeon, Leeds

- Annabel Sharkey: Consultant Thoracic Surgeon, Manchester
- Michael Gooseman: Consultant Thoracic Surgeon, Hull

Trainee Satisfaction

The Yorkshire and the Humber programme has had very positive feedback in both the national GMC and JCST surveys in 2022.

CONTACTS

Training Programme Director: Prof Mahmoud Loubani (mahmoud.loubani@nhs.net)

Trainee Representative: Mr Nabil Hussein (nabil.hussein1@nhs.net)