Appendix 2: Cardiothoracic Surgery Syllabus

The syllabus contains the specialty topics that must be covered in the training programme Each of these topics includes one or more learning objectives. Formative WBAs may be used to assess and provide feedback on any areas of clinical activity. However, other than for the critical conditions, index procedures or where they have been identified to address a concern, WBAs are optional and trainees, therefore, do not need to use WBAs to evidence their learning against each syllabus topic.

In the three phases of specialty training the following methodology is used to define the level of performance/competence to be achieved at completion of each phase in the domains of:

- specialty-based knowledge
- · clinical skills and judgement
- · technical and operative skills

Standards for knowledge

Each topic for a level or phase of training has a competence level ascribed to it for knowledge ranging from 1 to 4 which indicates the depth of knowledge required:

- 1. knows of
- 2. knows basic concepts
- 3. knows generally
- 4. knows specifically and broadly

Standards for clinical and technical skills

The practical application of knowledge is evidenced through clinical and technical skills. Each topic has a competence level ascribed to it in the areas of clinical and technical skills ranging from 1 to 4:

1. Has observed

Exit descriptor; at this level the trainee:

- has adequate knowledge of the steps through direct observation
- can handle instruments relevant to the procedure appropriately and safely
- can perform some parts of the procedure with reasonable fluency.

2. Can do with assistance

Exit descriptor; at this level the trainee:

- knows all the steps and the reasons that lie behind the methodology
- can carry out a straightforward procedure fluently from start to finish
- knows and demonstrates when to call for assistance/advice from the supervisor (knows personal limitations).

3. Can do whole but may need assistance

Exit descriptor; at this level the trainee:

- can adapt to well-known variations in the procedure encountered, without direct input from the trainer
- recognises and makes a correct assessment of common problems that are encountered
- is able to deal with most of the common problems
- knows when help is needed
- requires advice rather than help that requires the trainer to scrub.
- 4. Competent to do without assistance, including complications

Exit descriptor, at this level the trainee:

- with regard to the common clinical situations in the specialty, can deal with straightforward and difficult cases to a satisfactory level and without the requirement for external input
- is at the level at which one would expect a UK consultant surgeon to function
- is capable of supervising trainees.

Syllabus

Cardiac Surgery

	Phase 1	Phase 2 Card	Phase 3 Card	Phase 2 Thor	Phase 3 Thor	Critical Condition	Index Proc
Cardiopulmonary Bypass							
OBJECTIVE							
To manage with supervision the clinical and technical aspects of cardiopulmonary bypass (CPB)							
KNOWLEDGE							
Physiology of cardiopulmonary bypass							
Haemodynamics: physiology and measurement							
Haemostasis, thrombosis and bleeding							
Pharmacology and drugs used during cardiopulmonary bypass							
Inotropes, vasodilators and vasoconstrictors							
Haemostatic drugs							

Antiplatalat antiquagulant						I	
Antiplatelet, anticoagulant							
and thrombolytic drugs							
Principles and practice of							
СРВ							
Relevant equipment and							
technology and its							
application							
Monitoring during CPB							
Inflammatory and							
pathophysiological							
response to bypass							
Pulsatile and nonpulsatile							
flow							
Effect of CPB on							
pharmacokinetics							
Priming fluids and							
haemodilution							
Acid base balance - pH							
and alpha stat							
Neuropsychological							
consequences of CPB							
Cell salvage and blood							
conservation							
CLINICAL SKILLS							
N/A							
TECHNICAL SKILLS AND							
PROCEDURES	_						
Median sternotomy open	3	4	4	4	4		
and close							
Cannulation and	3	4	4	3	3		
institution of							
cardiopulmonary bypass							
Safe conduct of CPB -	2	4	4	3	3		
problem solving and							
troubleshooting							
Weaning from bypass and	3	4	4	3	3		
decannulation							
Femoral cannulation and	2	3	4	2	2		
decannulation							
Repeat sternotomy, with	1	3	4	1	1		
pericardial dissection,							
cardiac mobilisation and							
cannulation							
<u> </u>	I	1	1	1	1	1	1

Myocardial Protection						
OBJECTIVE						
To manage with						
supervision the clinical						
and technical aspects of						
intraoperative myocardial						
protection.						
KNOWLEDGE						
Scientific foundations of						
myocardial preservation						
Principles and practice of						
myocardial preservation						
Cardioplegia solutions and						
delivery modes.						
Non-cardioplegic						
techniques of						
preservation						
CLINICAL SKILLS						
Myocardial management						
throughout the						
perioperative period						
Ability to adapt						
preservation technique to						
clinical situation						
TECHNICAL SKILLS AND						
PROCEDURES			-			
Relevant cannulation	2	3	4	2	2	
techniques and						
appropriate delivery of						
cardioplegia						
Cincolate a Commont			_		_	
Circulatory Support						
OBJECTIVE						
To manage with						
supervision the clinical						
and technical aspects of						
circulatory support.						
KNOWLEDGE						
Inotropes, vasodilators						
and vasoconstrictors						
Mechanical circulatory						
support in the pre-						
operative, perioperative						
and post-operative						
periods						

			1			ı	1
Intra-aortic balloon pump							
- indications for use,							
patient selection and							
complications							
Physiology of the intra-							
aortic balloon pump							
Understanding of relevant							
equipment and							
technology (IABP / VAD							
etc)							
Ventricular assist devices,							
indications for use,							
patient selection and							
complications							
CLINICAL SKILLS							
Patient selection for							
mechanical circulatory							
· ·							
support							
Management of the							
balloon pump including							
timing and							
troubleshooting							
Care of the patient with							
intra-aortic balloon pump,							
including recognition and							
management of							
complications							
TECHNICAL SKILLS AND							
PROCEDURES		_					
Insertion and positioning	3	4	4	4	4		
of an intra-aortic balloon							
pump							
Ischaemic Heart Disease							
OBJECTIVE							
To evaluate and manage wit	h appropria	ate superv	ision the				
surgical aspects of a patient		•					
including the complications							
	oi isciidEIIII	c ricart uis	casc				
(IHD).							
KNOWLEDGE							
Anatomy of the heart and							
coronary arteries and							
anomalies of the coronary							
arteries							
Diagnosis investigation							
and assessment of IHD							
			1		1		1

		1			
Risk stratification of					
patients undergoing					
coronary surgery					
Operative treatment - Off					
pump and on pump					
surgery					
Results of surgery,					
<u> </u>					
survival, graft patency,					
short and long term					
complications					
Choice of conduits for					
grafting					
Arterial revascularisation					
Redo coronary artery					
surgery					
Role of PCI and non-					
operative treatment in					
IHD					
Management of cardiovascular risk factors					
Acute complications of					
myocardial infarction and					
ischaemic heart disease					
Chronic complications of					
IHD - including VSD, mitral					
regurgitation, LV					
aneurysm.					
Cardiac rehabilitation					
following surgery for IHD					
CLINICAL SKILLS					
	·al				
Cardiovascular system - gener					
history and examination, inclu	_				
conduit, drug history, identific					
comorbidity and risk assessme	ent				
Interpretation of Coronary					
Angiography (including					
invasive flow measures					
(FFR etc.) and Intravenous					
Ultrasound (IVUS)					
Interpretation of Cardiac					
Catheterisation data					
Interpretation of					
echocardiography					
(transthoracic and					
`					
transesophageal)					
including 2D, Doppler, 3D					
and stress echo					

	I	1	<u> </u>	I	1	1	
Interpretation of nuclear cardiology							
Management of post						1	
cardiac surgical patient							
Management of	3	4	4	4	4	Yes	
complications of coronary		_	7	_	-	103	
surgery							
TECHNICAL SKILLS AND							
PROCEDURES							
Saphenous vein harvest	4	4	4	4	4		
Internal mammary artery	3	4	4	3	3		
harvest	3	4	4	3	3		
Harvest							
De diel enternelserwest		4	4		2		
Radial artery harvest	3	4	4	3	3		
Proximal coronary	3	4	4	3	3		
anastomosis							
Distal coronary	2	4	4	2	2		
anastomosis							
Isolated, first time	2	3	4	N/A	N/A		Index
coronary surgery on pump							
Isolated, first time	1	3	3	N/A	N/A		
coronary artery surgery							
off pump (OPCAB)							
Minimally invasive surgical	1	1	2	N/A	N/A		
coronary artery surgery							
techniques (including							
MIDCAB)							
Redo coronary artery	1	2	3	N/A	N/A		
surgery							
Surgery for acute	1	1	2	N/A	N/A		
complications of				·			
ischaemic heart disease							
(including post infarction							
VSD, mitral regurgitation)							
Surgery for chronic	1	1	2	N/A	N/A		
complications of							
ischaemic heart disease							
(including ischaemic							
mitral regurgitation and							
left ventricular aneurysm)							
, ,							ı
Heart Valve Disease							
ODJECTIVE							
OBJECTIVE To evaluate and manage, wi	i+h						
To evaluate and manage, w							
appropriate supervision, a p							
with both uncomplicated he	eart valve	<u> </u>					

disease, including operative							
management.							
KNOWLEDGE							
Anatomy of the heart,							
chambers, valves and							
their anomalies							
Cardiovascular physiology,							
including valve physiology							
and haemodynamics							
Electrophysiology,							
including conduction							
disorders							
Pathophysiology of valve							
incompetence and							
stenosis.							
Consequences of valve							
disease on cardiac							
function and morphology							
Pathophysiology of mixed							
valve disease and							
combined valve pathology							
(e.g. aortic and mitral)							
Combined valvular and							
ischaemic heart disease							
Atrial fibrillation and other							
arrhythmias							
Endocarditis - native and	3	4	4	4	4	Yes	
prosthetic valve							
Diagnosis, investigation							
and assessment of							
valvular heart disease							
Timing of surgical							
intervention in valve							
disease							
Risk stratification of							
patients undergoing valve							
surgery							
Options for operative mana	gement, inc	luding:					
Valve replacement/repair (r	nechanical,						
biological stented and stent	less grafts,						
homografts and autografts)							
Valve design: materials,							
configuration and							
biomechanics.							
Results of valve surgery –							
survival, valve thrombosis,							
endocarditis, bleeding.							

Surgery for disease of the							
conduction system							
Surgical treatment of							
arrhythmias							
CLINICAL SKILLS							
Cardiovascular system -							
general history and							
examination including							
drug history, identification							
of co-morbidity and risk							
assessment							
Interpretation of coronary							
angiography							
Interpretation of cardiac							
catheterisation data,							
including left and right							
heart data							
Interpretation of							
echocardiography							
(transthoracic and							
transesophageal)							
including 2D, Doppler, 3D							
and stress echo							
Non-operative	2	4	4	4	4	Yes	
management of							
endocarditis							
Management of the	3	4	4	4	4	Yes	
complications of valve							
surgery							
Anticoagulation							
management including							
complications.							
TECHNICAL SKILLS AND							
PROCEDURES							
Isolated, uncomplicated	2	3	4	2	2		Index
aortic valve replacement	_		7				I IIGEX
(biological or mechanical)							
Isolated uncomplicated	1	3	4	2	2		
mitral valve replacement	_						
Tricuspid valve surgery	1	2	3	1	1		
	1	3	4	1	1		Index
Aortic valve and graft	T	3	4				inuex
Surgery Mitral valve and graft	1	2	3	1	1		
Mitral valve and graft	1	2	3		1		
surgery	4	2	2	4	4		
Surgical strategies for	1	2	3	1	1		
managing the small aortic							
root		_	_				
Redo Valve surgery	1	2	3	1	1		

Valve surgery for	1	2	3	1	1		
endocarditis			_		_	<u> </u>	
Techniques for surgical	2	3	4	1	1		
ablation of arrhythmias							
(+/- occlusion of the LA							
appendage)							
Mitral valve repair	1	3	4	1	1		
Isolated, uncomplicated	2	3	4	N/A	N/A		
aortic valve replacement							
(sutureless)							
Minimally invasive aortic	1	2	3	N/A	N/A		
valve replacement							
Minimally invasive mitral	1	1	2	N/A	N/A		
valve repair/replacement							
Transcatheter treatment	1	1	2	N/A	N/A		
of aortic valve disease							
(including non-							
transfemoral TAVI)							
Transcatheter treatment	1	1	1	N/A	N/A		
of structural heart valve							
disease (transfemoral							
TAVI, mitral valve etc.)							
Aorta Vascular Disease							
OBJECTIVE							
To avaluate and manages up							

To evaluate and manage uncomplicated surgical aspects of a patient with aorta vascular disease, including operative management where appropriate and up to the defined competence. This module provides intermediate training in a complex sub-speciality.

KNOWLEDGE				
Pathophysiology and of				
hypothermia including the				
effects upon				
haemoglobin, metabolic				
rate and pH with their				
management				
Anatomy of the heart,				
pericardium and great				
vessels and their				
anomalies				
Anatomy of the peripheral				
vascular system				
Blood supply of the spinal				
cord				
Pathology of aortic				
disease				
Natural history of aortic				
disease				

Diagnosis investigation							
Diagnosis, investigation							
and assessment of aortic							
disease							
Knowledge of operative							
treatment, including							
spinal cord and cerebral							
preservation strategies.							
Acute Aortic Syndromes	3	4	4	4	4	Yes	
(including Type A & B							
aortic dissection,							
intramural haematoma							
and penetrating aortic							
ulcers)							
Traumatic aortic rupture							
Thoracoabdominal							
aneurysm							
Results of major aorta							
vascular surgery –							
survival, complication							
rates							
Non-surgical management							
including the role of							
endovascular stenting							
Management of							
cardiovascular and non-							
cardiovascular risk factors							
CLINICAL SKILLS							
Cardiovascular system - gen	oral history	and ovam	l ination				
including assessment of pre	•						
history, identification of co-	•	•					
	liloi biuity a	110 1138 033	essilielit				
Interpretation of							
angiography and							
aortography							
Interpretation of							
echocardiography							
(transthoracic and							
transesophageal)							
including 2D, Doppler, 3D							
and stress echo							
Interpretation of CT							
scanning							
Interpretation of MRI							
scanning							
Management of post							
cardiac surgical patient							
after major aortic surgery							

Management of the						
complications of major						
aortic surgery						
TECHNICAL SKILLS AND						
PROCEDURES						
Preparation for and	1	2	3	1	1	
management of						
cardiopulmonary bypass,						
including alternative, non-						
bypass strategies for						
descending aortic surgery	4			4	4	
Organ protection	1	2	3	1	1	
strategies including:						
Hypothermic Circulatory						
Arrest (HCA), Retrograde Cerebral Perfusion (RCP)						
and Selective Antegrade						
Cerebral Perfusion (SACP)						
Axillary cannulation	1	2	3	1	1	
Surgery for acute	1	1	2	1	1	
dissection of the		_	2	1	1	
ascending aorta						
Aortic root replacement	1	2	3	1	1	
Complex aortic surgery	1	1	2	1	1	
including arch surgery,	1	1	2	1	1	
descending aortic and						
thoracoabdominal aortic						
surgery						
Replacement of the	1	2	3	1	1	
Ascending Aorta	_	_		_	_	
(Interposition graft) +/-						
AVR						
Valve-sparing aortic root	1	1	2	1	1	
replacement						
Miscellaneous Cardiac			-			-
Conditions						
OBJECTIVE						
To manage with supervision	the clinical	and				
technical aspects of various						
conditions not included else	where in cu	<u>ırriculu</u> m				
KNOWLEDGE						
Pathophysiology,						
diagnosis and						
management of primary						
and secondary cardiac						
tumours						
tumours						

diagnosis and management of acute pulmonary embolus Pathophysiology, diagnosis and management of chronic thromboembolic pulmonary disease Alternatives to endocardial pacing and the complications of conventional pacing/rhythm management devices Pathophysiology, diagnosis and management devices Pathophysiology, diagnosis and management of hypertrophic obstructive cardiomyopathy CLINICAL SKILLS Management of patients with cardiac tumours Management of patients with cardiac tumours Management of patients with complications of conventional endocardial pacing Management of patients with hypertrophic obstructive cardiomyopathy TECHNICAL SKILLS AND PROCEDURES Surgery for removal of 1 2 3 1 1 cardiac tumour (including atrial myxoma)		1	i i	1	1	ı	I	
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CLINICAL SKILLS Management of patients with cardiac tumours Management of patients with acute pulmonary embolus Management of patients with complications of conventional endocardial pacing Management of patients with hypertrophic obstructive cardiomyopathy TECHNICAL SKILLS AND PROCEDURES Surgery for removal of cardiac tumour (including atrial myxoma)								
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conventional endocardial pacing Management of patients with hypertrophic obstructive cardiomyopathy TECHNICAL SKILLS AND PROCEDURES Surgery for removal of cardiac tumour (including atrial myxoma)	with complications of							
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Management of patients with hypertrophic obstructive cardiomyopathy TECHNICAL SKILLS AND PROCEDURES Surgery for removal of cardiac tumour (including atrial myxoma)	pacing							
with hypertrophic obstructive cardiomyopathy TECHNICAL SKILLS AND PROCEDURES Surgery for removal of cardiac tumour (including atrial myxoma)								
obstructive cardiomyopathy TECHNICAL SKILLS AND PROCEDURES Surgery for removal of cardiac tumour (including atrial myxoma)								
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PROCEDURES Surgery for removal of 1 2 3 1 1 cardiac tumour (including atrial myxoma)								
Surgery for removal of 1 2 3 1 1 cardiac tumour (including atrial myxoma)								
cardiac tumour (including atrial myxoma)		1	2	3	1	1		
atrial myxoma)		-	_	3	_	_		
	, -							
A Pulmonary omboloctomy 1 1 1 1 2 1 1 1 1	Pulmonary embolectomy	1	1	2	1	1		
' ' '								
'		1	2	5	1	1		
epicardial pacing lead		1	1	2				
Removal of infected 1 1 2 1 1		1	1	2	1	1		
pacing system				_				
Surgery for hypertrophic 1 1 2 1 1		1	1	2	1	1		
obstructive								
cardiomyopathies								
(including myomectomy)	(including myomectomy)							

Thoracic Surgery

Thoracic Surgery		-	_	-	F		-
	Phase 1	Phase 2	Phase 3	Phase 2	Phase 3	Critical	Index
		Card	Card	Thor	Thor	Condition	Proc
General Management of							
a Patient Undergoing							
Thoracic Surgery							
OBJECTIVE							
To be competent in the eva	luation and	manageme	ent of a pati	ient undergo	oing Thorac	ic surgery inc	luding
operative management, wit	h appropria	te supervis	sion. The kn	owledge an	d clinical ski	ills are comm	on to
all Thoracic surgical condition	ons, and sho	uld be rea	d in conjund	ction with th	ne curricului	m for specific	
surgical conditions.							
KNOWLEDGE							
BASIC KNOWLEDGE							
<u>Physiology</u>							
Pulmonary physiology,							
ventilation and gas							
exchange							
Haemostasis, thrombosis							
and bleeding							
Acid base balance							
Metabolic response to							
trauma							
Digestive, renal and							
hepatic physiology							
Nutrition							
<u>Anatomy</u>							
Tracheobronchial tree and							
lungs							
Thoracic inlet, neck and							
mediastinum							
Oesophagus and upper GI tract							
Chest wall and diaphragm							
Pathology							
Inflammation and wound							
healing							
Bronchopulmonary							
infections							
ARDS							
Emphysema							
Pulmonary fibrosis							
Pulmonary manifestations							
of systemic disease							
Systemic manifestations							
of pulmonary disease							
Benign and malignant							
tumours of trachea,							

		1		1
bronchus and lung				
parenchyma				
<u>Pharmacology</u>				
Bronchodilators				
H2 antagonists and proton				
pump inhibitors				
Haemostatic drugs				
Analgesics				
Antibiotics				
Anaesthetic agents, local				
and general				
Microbiology				
Organisms involved in				
respiratory infection				
including TB				
Organisms involved in				
wound infection				
Antibiotic usage and				
prophylaxis				
Antisepsis				
•				
Management of intra				
pleural sepsis				
CLINICAL KNOWLEDGE				
Thoracic Incisions				
Types of incisions and				
appropriate use, including				
lateral, anterior, muscle				
sparing and video-assisted				
approaches.				
Sternotomy				
Difficult access and				
improving exposure.				
Early and late				
complications of thoracic				
incisions				
Analgesia including				
pharmacology,				
effectiveness, side effects				
and use in combination				
regimens				
Post-operative analgesia,				
including epidural, PCAS				
and paravertebral				
catheter techniques.				
<u>Bronchoscopy</u>				
The role of rigid and				
flexible bronchoscopy in				
		-		

	ı			1			
the investigation of airway							
and pulmonary disease.							
The anaesthetic, airway							
and ventilatory							
management during rigid							
and flexible bronchoscopy							
Mediastinal exploration							
Endoscopic, radiological and	d surgical ap	proaches (used to				
evaluate and diagnose med	iastinal dise	ase of ben	ign <i>,</i>				
infective, primary and malig	nant aetiolo	ogy.					
Equipment for mediastinal							
exploration							
Relevant imaging							
techniques, and influence							
on surgical approach.							
CLINICAL SKILLS							
HISTORY AND							
EXAMINATION							
System specific and							
general history and							
examination, including							
drug history, identification							
of comorbidity and							
functional status.							
DATA INTERPRETATION							
Routine haematology and							
biochemical investigations							
Chest radiograph and ECG							
CT, including contrast							
enhanced CT							
Interpretation of imaging							
of the mediastinum.							
MRI and PET							
Respiratory function tests							
Ventilation/perfusion scan							
Blood gases							
Oesophageal function							
tests and contrast studies							
PATIENT MANAGEMENT							
Cardiopulmonary							
resuscitation							
Risk assessment,							
stratification and							
management of thoracic							
operations							
Management of patients	3	4	4	4	4	Yes	
making an uncomplicated	3	4	4	"	4	163	
making an uncomplicated							

or complicated recovery							
from thoracic operations.							
Post-operative	3	4	4	4	4	Yes	
management of pain	3	4	4	4	4	163	
control, respiratory							
failure, sputum retention,							
haemodynamic instability							
and low urine output.							
Treatment of cardiac							
arrhythmias							
Pain control							
Wound infection and							
disruption							
Blood transfusion and							
blood products							
Physiotherapy and							
rehabilitation							
Palliative care		<u> </u>					
TECHNICAL SKILLS AND							
PROCEDURES							
Tracheostomy							
Fibreoptic bronchoscopy							
Chest aspiration							
Chest drain insertion							
Chest drain management							
OPERATIVE							
MANAGEMENT							
Incisions							
Correct positioning of							
patient for Thoracic							
surgery							
Perform and repair							
thoracic incisions,							
including lateral, anterior,							
muscle sparing and VATS incisions.							
Difficult thoracic access							
and improving exposure		-					
Perform and close							
sternotomy incision							
OPERATIVE							
MANAGEMENT		ļ					
<u>Bronchoscopy</u>							
Diagnostic & therapeutic							
bronchoscopy including							
biopsy - rigid and flexible.							
Mediastinal Exploration							

Surgical evaluation of the						
mediastinum using						
cervical, anterior and						
VATS approaches.						
11						
Neoplasms of the Lung						
OBJECTIVE						
To assess and manage a pat	ient with a	neoplasm (of the lung,	including or	perative	
management and with appr	opriate sup	ervision. A	ppreciation	of the		
multidisciplinary, multimoda	ality approa	ch to the r	nanagemen	t of the con	dition.	
KNOWLEDGE						
Benign and malignant						
tumours of trachea,						
bronchus and lung						
parenchyma						
Epidemiology, presentation						
diagnosis, staging (pre-oper						
intraoperative and patholog	-					
treatment of lung cancer an	d lung					
metastases.						
Neoadjuvant and adjuvant						
treatment of lung cancer						
Results of treating						
thoracic malignancy by						
surgery, medical or						
oncological techniques, including multimodality						
management.						
Survival, recurrence rates						
and relapse patterns after						
surgical treatment and the						
investigation and						
management of relapse.						
Knowledge of palliative						
care techniques.						
Treatment of post-						
operative complications of						
pulmonary resection such						
as empyema and						
bronchopleural fistula.						
Role of repeat surgery in						
recurrent and second						
primary malignancies of						
the lung.						
Medical and surgical						
options to deal with						
recurrent or problematic						

and alimation of			1	1		
complications of						
pulmonary resection.						
CLINICAL SKILLS						
Clinical history and						
examination						
Interpretation of						
laboratory, physiological						
and imaging techniques.						
Interpretation of						
endoscopic findings.						
Patient selection with						
assessment of function						
and risk.						
TECHNICAL SKILLS AND						
PROCEDURES						
Bronchoscopic	3	3	3	4	4	
assessment including	3] 3	3	4	4	
_						
biopsy	2		2	4	4	
Endoscopic and surgical	2	2	2	4	4	
techniques of lung biopsy		_	_	_	_	
Mediastinal assessment	2	2	2	4	4	
and biopsy						
Intraoperative diagnosis	2	2	2	3	4	
and staging						
Endoscopic management	1	1	1	2	4	
of tumours using laser and						
stenting						
Surgery for benign and	2	2	2	3	4	Index
malignant conditions of						
the lungs						
Minimally invasive	1	1	1	3	4	Index
anatomical lung resection	_	_	_		·	
(VATS, Uniportal or						
Robotic)						
Segmentectomy and	2	2	2	3	4	
lobectomy for benign and	۷				_	
malignant disease						
	1	1	1	3	4	
Redo operations for lung	1	1	1	3	4	
metastases	4	4	4		2	
Advanced resections for	1	1	1	2	3	
lung cancer, including						
sleeve lobectomy,						
pneumonectomy and						
extended resections						
involving chest wall and						
diaphragm.						
Management of post-	2	2	2	3	4	
operative complications						

such as empyema and							
bronchopleural fistula.							
S. C.							
Disorders of the Pleura							
OBJECTIVE OBJECTIVE							
To evaluate and manage sur	rgical						
conditions of the pleura and	_						
pleural space, including ope							
management and with appr							
supervision	орнисс						
KNOWLEDGE							
Anatomy and physiology							
of the pleura							
Inflammatory, infective							
and malignant disease of							
the visceral and parietal							
pleura.							
Pneumothorax	3	4	4	4	4	Yes	
Pleural effusion							
Empyema							
Mesothelioma							
Haemothorax	3	4	4	4	4	Yes	
Chylothorax							
Conditions of adjacent							
organs that affect the							
pleura							
Medical and surgical							
management of pleural							
disease, including							
radiological, open and							
VATS techniques.							
Techniques to deal with							
failures of primary							
treatment.							
Advanced techniques for							
pleural space obliteration							
such as thoracoplasty and							
soft-tissue transfer							
CLINICAL SKILLS							
Interpretation of imaging							
of the pleura							
Chest drains: insertion,							
management, removal and treatment of							
complications.							
Management of patients							
making uncomplicated							
and complicated recovery							
and complicated recovery	<u> </u>	<u> </u>	l	<u> </u>			

from pleural						
interventions.						
TECHNICAL SKILLS AND PROCEDURES						
Open procedures for non- complex pleural problems	2	2	2	3	4	Index
VATS procedures for non- complex pleural problems	3	3	3	4	4	Index
Open and VATS procedures for empyema, including techniques for decortication.	2	2	2	3	4	Index
Open and VATS procedures in complex cases.	1	1	1	2	3	
Advanced techniques of pleural space obliteration.	1	1	1	2	3	
Disorders of the Chest Wall						
OBJECTIVE						
abnormality or disease affectincluding surgical managem appropriate and with appro	ent where					
Anatomy of the chest wall						
Congenital, inflammatory, infective and neoplastic conditions that can affect the components of the chest wall.						
Clinical, laboratory and imaging techniques used in the evaluation of chest wall pathology.						
Techniques used in the diagnosis of chest wall disease, including aspiration and core biopsy, and incision and excision biopsy.						
Pectus deformities: aetiology, physiological and psychological consequences. Surgical options for correction.						

	-	1		1		1	1
Techniques used to resect							
the sternum and chest							
wall, physiological and							
cosmetic sequelae.							
Prosthetic materials used							
in chest wall surgery							
The role of repeat surgery							
to deal with recurrent							
conditions and the							
complications of previous							
surgery.							
Techniques of complex							
chest wall reconstruction							
involving thoracoplasty or							
soft-tissue reconstruction							
CLINICAL SKILLS							
Clinical history and							
examination							
Interpretation of							
laboratory, physiological							
and imaging techniques.							
Patient selection with							
assessment of function							
and risk.							
TECHNICAL SKILLS AND							
PROCEDURES		2	2	4	4		
Chest wall biopsy and	3	3	3	4	4		
choice of appropriate							
technique.							
Open and excision biopsy	2	2	2	3	4		
and resection of the chest							
wall for benign and							
malignant conditions.							
Chest wall resection in	1	1	1	2	3		
combination with							
resection of the							
underlying lung.							
Selection and insertion of	2	2	2	3	4		
prosthetic materials, and	_	_	_		•		
selection of cases in which							
such materials are							
required	1	1	4	2	2		
Pectus correction, by both	1	1	1	2	3		
open and minimally-							
invasive techniques,							
including post-operative							
care and complications							

Curaon, for the	1	1	1	2	3	1	
Surgery for the	1	1	1	2	3		
complications of chest wall resection, and repeat							
surgery to resect							
recurrent chest wall							
conditions.							
	1	1	1	2	2		
Complex chest wall	1	1	1	2	3		
reconstruction							
5: 1 (:1							
Disorders of the Diaphragm							
OBJECTIVE							
	: : - : - : - : - : - : - : -						
To assess and manage a pat							
abnormality of the diaphrag							
management where approp	riate, and w	/itn					
appropriate supervision.							
KNOWLEDGE							
Anatomy and physiology							
of the diaphragm.							
Pathology of the							
diaphragm.							
Clinical, physiological and							
imaging techniques in the							
assessment of							
diaphragmatic							
abnormalities.							
Physiological							
consequences of							
diaphragmatic herniation							
or paresis.							
Surgical techniques used							
to biopsy and resect							
diaphragmatic tumours.							
Situations in which							
replacement of the							
diaphragm is required, the							
materials used and their							
value and limitations.							
Complications of							
diaphragmatic resection							
and their management.							
Techniques used to							
electrically pace the							
diaphragm, and the							
conditions in which such							
treatment is appropriate.							

CLINICAL SKILLS						
Clinical history and						•
examination						
Interpretation of						
laboratory, physiological						
and imaging techniques.						
Patient selection with						
assessment of function						
and risk.						
Management of patients						
making an uncomplicated						
or complicated recovery						
from diaphragmatic						
resection.						
PROCEDURES						
Resection and repair of	1	1	1	3	4	
the diaphragm and						
adjacent structures						
Complications of	1	1	1	3	4	
diaphragmatic resection						
Management of	2	2	2	3	4	
diaphragmatic trauma						
■						
Combussions and Bulles	•		•			
Emphysema and Bullae						
OBJECTIVE	a natient wi	th				
OBJECTIVE To fully assess and manage	-					
OBJECTIVE To fully assess and manage emphysema and bullae, incl	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate the second control of the second	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision.	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD)	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public health issues	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public health issues Smoking cessation	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public health issues Smoking cessation measures. Clinical, laboratory, physiological and imaging	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public health issues Smoking cessation measures. Clinical, laboratory, physiological and imaging techniques.	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public health issues Smoking cessation measures. Clinical, laboratory, physiological and imaging techniques. Medical and surgical	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public health issues Smoking cessation measures. Clinical, laboratory, physiological and imaging techniques. Medical and surgical management of COPD and	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public health issues Smoking cessation measures. Clinical, laboratory, physiological and imaging techniques. Medical and surgical management of COPD and its complications	uding surgio	cal				
OBJECTIVE To fully assess and manage emphysema and bullae, including management where appropriate supervision. KNOWLEDGE Aetiology, pathology and physiology of chronic obstructive airways disease (COPD) Epidemiology and public health issues Smoking cessation measures. Clinical, laboratory, physiological and imaging techniques. Medical and surgical management of COPD and	uding surgio	cal				

		ı	ī	I	T	1	1
Surgical techniques used in							
treatment of emphysema ar							
and the results of surgical tr	eatment						
including relevant clinical tri	ials.						
Lung volume reduction							
surgery: techniques,							
complications and							
management of							
complications.							
Endobronchial lung							
volume reduction							
Experimental and							
developmental techniques							
in lung volume reduction							
surgery							
CLINICAL SKILLS							
Clinical history and							
examination							
Interpretation of							
laboratory, physiological							
and imaging techniques.							
Patient selection with							
assessment of function							
and risk.							
Post-operative managemen							
patients making an uncomp	licated						
recovery from surgery for							
emphysema or the complica	ations of						
such diseases.							
Management of patients							
following lung volume							
reduction surgery.							
TECHNICAL SKILLS AND							
PROCEDURES							
Procedures to deal with	2	2	2	4	4		Index
secondary pneumothorax							
and bullae by open							
techniques.							
Procedures to deal with	2	2	2	4	4		Index
secondary pneumothorax							
and bullae by VATS							
techniques.							
Lung volume reduction	1	1	1	3	4		
surgery using open and							
VATS techniques.							
114.22.							
	<u> </u>	<u> </u>	<u> </u>	<u>I</u>	<u> </u>	<u>I</u>	ı

OBJECTIVE To fully assess and manage a patient with disease of the pericardium or pericardial space, including surgical management where appropriate, and with appropriate supervision. **ROWLEDGE** Anatomy of the pericardium. Pathology of the pericardium. Pathophysiological 3 4 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial comparts of the pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination linterpretation of laboratory, physiological and imaging techniques, including erhonarding ranks.	Disorders of the Pericardium							
pericardium or pericardial space, including surgical management where appropriate, and with appropriate supervision. KNOWLEDGE Anatomy of the pericardium. Pathology of the pericardium. Pathology of the pericardium. Pathophysiological 3 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subshiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial drainage thingues for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and maging techniques, including	OBJECTIVE							
pericardium or pericardial space, including surgical management where appropriate, and with appropriate supervision. KNOWLEDGE Anatomy of the pericardium. Pathology of the pericardium. Pathology of the pericardium. Pathophysiological 3 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subshiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial drainage thingues for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and maging techniques, including	To fully assess and manage	a patient wi	th disease	of the				
management where appropriate, and with appropriate supervision. KNOWLEGE Anatomy of the pericardium. Pathology of the pericardium. Pathophysiological 3 4 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination later in the procession of laboratory, physiological and imaging techniques, including								
supervision. KNOWLEDGE Anatomy of the pericardium. Pathology of the pericardium. Pathophysiological 3 4 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including								
KNOWLEDGE Anatomy of the pericardium. Pathology of the pericardium. Pathology of the pericardium. Pathophysiological 3 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardicum and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including		,	-					
Anatomy of the pericardium. Pathology of the pericardium. Pathophysiological 3 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial rainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	·							
Pathology of the pericardium. Pathophysiological 3 4 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial rainage using for pericardial drainage using for pericardial drainage using guided needle aspiration Surgical techniques for pericardial rainage using for pericardial rainage using for pericardial rainage using for pericardial rainage using for pericardial rainage to the pericardial rainage to the subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILIS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including								
Pathology of the pericardium. Pathophysiological 3 4 4 4 4 Yes consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical rechniques for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	•							
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Pathophysiological consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial erpicardial subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including								
consequences of pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial total	•	2	1	1	1	1	Voc	
pericardial constriction and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial ericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial erplacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination linterpretation of laboratory, physiological and imaging techniques, including		3	4	4	4	4	163	
and tamponade. Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardiectomy. Materials used for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	•							
Clinical, echocardiographic and imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial sused for pericardiectomy. Materials used for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	•							
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imaging techniques used to detect pericardial disease and assess its consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardial ericardial	· · · · · · · · · · · · · · · · · · ·							
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consequences. Techniques for pericardial drainage using guided needle aspiration Surgical drainage by subxiphoid, thoracotomy or VATS approaches. Surgical techniques for pericardiactomy. Materials used for pericardial replacement, their value and limitations and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	•							
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and the situations in which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	pericardial replacement,							
which used. Post-operative complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	their value and limitations							
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complications following resection of the pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	which used.							
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pericardium and its prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including								
prosthetic replacement. CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including								
CLINICAL SKILLS Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	•							
Clinical history and examination Interpretation of laboratory, physiological and imaging techniques, including	prosthetic replacement.							
examination Interpretation of laboratory, physiological and imaging techniques, including	CLINICAL SKILLS							
examination Interpretation of laboratory, physiological and imaging techniques, including	Clinical history and							
laboratory, physiological and imaging techniques, including	-							
laboratory, physiological and imaging techniques, including	Interpretation of							
and imaging techniques, including	•							
including								
	echocardiography.							

Recognition and	3	4	4	4	4	Yes	
assessment of pericardial	3	4	4	4	4	163	
tamponade and							
constriction.							
Techniques for pericardial							
-							
drainage using guided							
needle aspiration							
Recognition of pericardial herniation and cardiac							
strangulation.							
Patient selection with assessment of function							
and risk.							
TECHNICAL SKILLS AND							
PROCEDURES							
OPERATIVE							
MANAGEMENT		_	_		_		
Non-complex pericardial	3	4	4	4	4		
fenestration procedures							
Pericardial fenestration in	1	3	4	3	4		
complex cases							
Pericardiectomy for relief	1	2	3	1	1		
of constriction							
Resection of the	1	2	2	3	4		
pericardium and							
replacement with							
prosthetic materials							
Disorders of the							
Mediastinum							
OBJECTIVE							
To fully assess and manage	a patient wi	th benign	and				
malignant disease of the me	ediastinum,	including	surgical				
management where approp	riate, and w	vith appro	priate				
supervision.							
KNOWLEDGE							
Anatomy of the							
mediastinum							
Congenital, benign,							
infective and malignant							
(primary and secondary)							
conditions of the							
mediastinum.							
Systemic conditions							
associated with the							
mediastinum.							
Clinical, laboratory,							
electromyographic and imag	ging						
, 5 11 1 11 11		I	I .	1	i	1	

techniques used in the diag	ancic and					
assessment of patients with						
mediastinal disease						
Myasthenia gravis:						
medical, surgical and						
perioperative						
management		1				
Staging of thymoma and						
grading of myasthenia						
Benign and malignant						
conditions, which do not						
require surgical biopsy or						
resection.						
Oncological treatment of						
malignant diseases of the						
mediastinum, including						
multidisciplinary care.						
Surgical techniques for						
the treatment of						
myasthenia gravis,						
mediastinal cysts and						
tumours, complications						
and results.						
Retrosternal goitre and its						
management						
CLINICAL SKILLS						
Clinical history and						
examination						
Interpretation of						
laboratory, physiological						
and imaging techniques.						
Patient selection with						
assessment of function						
and risk.						
Post-operative						
management of patients						
including recognition and						
management of post-						
operative complications.						
TECHNICAL SKILLS AND						
PROCEDURES						
Biopsy of mediastinal	3	3	3	4	4	
masses using appropriate	3	3	3	4	4	
techniques						
	2	3	3	1	1	
Excision of the thymus				4	4	
Isolated resection of	2	2	2	4	4	
mediastinal cysts and						
tumours						

Resection of mediastinal	2	2	2	3	4	
cysts and tumours,	_	_	_		·	
including extended						
resections involving						
adjacent structures						
,						
Disorders of the Airway						
OBJECTIVE						
To assess and manage a pat	ient with di	sease of				
the major airways, including	surgical					
management where approp	riate, and w	/ith				
appropriate supervision.						
KNOWLEDGE						
Anatomy of the larynx,						
trachea and bronchus.						
Physiology of the normal						
airway.						
Pathophysiology of						
disease and its effects on						
lung function.						
Endoscopic appearances						
in health and disease.						
Congenital, inflammatory,						
infective, benign and						
neoplastic diseases of the						
airways.						
Symptoms, signs of airway						
disease.						
Clinical, physiological and						
imaging tests undertaken						
to diagnose and assess						
airway disease.						
Techniques for surgical						
resection of the trachea.						
Bronchoplastic						
procedures and the						
limitations of these						
techniques.						
Medical and oncological						
treatments available to						
deal with airway diseases.						
Endoscopic techniques						
used to deal with benign						
and malignant conditions,						
including disobliteration						
and stenting.						
Presentation,						
investigation and						

agement of							
				i i			
tomotic							
plications following							
ay surgery.							
entation, evaluation							
treatment of fistulae							
e aerodigestive tract,							
to benign, malignant							
atrogenic causes.							
of open and							1
•							
·							
-	3	4	4	4	4	Yes	
•							
ruction.							
ent selection with							
ssment of function							
risk.							
-operative care of							
ents making an							
mplicated recovery							
major airway							
-							
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=							
	2	2	2	2	4		
•	۷	۷	۷	3	4		
=							
	1	4	1	2	2		
	T	1	1	2	3		
•							
				_			
	1	1	1	2	4		
_							
•							
opriate, for malignant							
ase							
niques for the relief	1	1	1	2	4		
ajor airways							
of open and oscopic procedures in ing with problems. ICAL SKILLS cal history and inination of ratory, physiological imaging techniques. Ignition, diagnosis and issment of airway ruction. Int selection with issment of function of ratory and inination of ratory in major airway in major	3 2 1	2 1 1	2 1	3 2 2	4 3 4	Yes	

obstruction including						
stenting						
Airway resection for	1	1	1	2	3	
tumours and complex						
benign conditions and						
techniques for airway						
reconstruction and						
anastomosis						
Repeat resections for	1	1	1	2	3	
recurrence and the						
complications of prior						
resection.						
Management of fistulae in	1	1	1	2	3	
the aerodigestive tract by						
surgical and endoscopic						
techniques						

Transplantation

	Phase 1	Phase 2 Card	Phase 3 Card	Phase 2 Thor	Phase 3 Thor	Critical Condition	Index Proc
Intrathoracic transplantation and surgery for heart failure							
OBJECTIVE							

To be able to evaluate and manage, with appropriate supervision, some of the aspects of patients with heart failure, including operative management where appropriate. This module is intended for a trainee to gain initial exposure to this sub-speciality either as part of general cardiothoracic training or as an introduction to further advanced training in this area.

		0			
KNOWLEDGE					
Pathophysiology and					
causes of heart failure.					
Pathophysiology and					
causes of respiratory					
failure.					
Transplant Immunology. Ma	jor and min	or			
histocompatibility antigen s	ystems. Me	chanisms			
of immune activation and pa	athological				
consequences for transplant	ted organs				
Pharmacology. Drugs					
used in cardiac and					
respiratory failure.					
Immunosuppression and					
treatment of rejection.					
Indications for,					
contraindications to and					

accessors and fair based							
assessment for heart							
transplantation.							
Indications for,							
contraindications to and							
assessment for lung and							
heart/lung							
transplantation.							
Indications for ECMO							
Indications for VAD							
Criteria for brain stem							
death, management of							
the brain-dead donor,							
-							
criteria for matching							
donor and recipient.							
Management of patients							
after intrathoracic organ							
transplantation, including							
complications							
Results of heart							
transplantation, lung							
transplantation and non-							
transplant interventions							
for heart failure.							
Resynchronisation							
therapy: techniques and							
indications							
CLINICAL SKILLS							
Management of brain-							
dead donor							
Assessment and selection							
of patients for							
cardiothoracic							
transplantation							
Management of post op							
cardiothoracic transplant							
patient							
Management of							
complications of							
cardiothoracic transplant							
surgery							
Management of rejection							
TECHNICAL SKILLS AND							
PROCEDURES							
<u>Transplantation</u>							
Transvenous myocardial	1	1	2	1	2		
biopsy							
Donor Retrieval	2	1	2	1	2		
	_	_	_	_	_	I	l l

Ex-vivo donor organ	2	1	2	1	2	
management						
Implantation of heart	1	2	2	2	2	
Implantation of lung	1	2	2	2	2	
Implantation of heart/lung	1	2	2	2	2	
block						
Surgery for heart failure						
Surgical revascularisation	2	2	4	2	2	
for ischaemic						
cardiomyopathy						
Ventricular reverse	1	2	3	2	2	
remodelling surgery						
Mitral valve repair for	1	2	3	2	2	
cardiac failure						
Cannulation for ECMO	2	2	4	2	3	
Implantation of epicardial	1	2	4	2	2	
electrodes for						
resynchronisation therapy						
Implantation of	1	2	2	2	2	
extracorporeal VAD						
Implantation of	1	2	2	2	2	
intracorporeal VAD						

Congenital

	Phase 1	Phase 2 Card	Phase 3 Card	Phase 2 Thor	Phase 3 Thor	Critical Condition	Index Proc
Congenital Heart Disease							
OBJECTIVE							

To understand and gain experience in some of the aspects of children and adults with heart disease, including operative management where appropriate. This module is intended for a trainee to gain initial exposure to this sub-speciality either as part of general cardiothoracic training or as an introduction to further advanced training in this area.

KNOWLEDGE				
Relevant general				
physiology of childhood				
Fetal circulation and				
circulatory changes at				
birth				
Haemodynamics;				
physiology and				
measurement including				
shunt calculations				
Physiology of pulmonary				
vasculature				
Myocardial cellular				
physiology in immature				
myocardium				

Dia dalam af						
Physiology of						
Cardiopulmonary Bypass						
in children - including low						
flow and circulatory						
arrest.						
Anatomy and Embryology						
of the heart						
Coronary anatomy and						
variants						
Anatomy of the peripheral						
vascular system and						
vascular conduits						
including aortopulmonary						
shunts						
Sequential cardiac analysis						
and terminology of						
cardiac malformations						
Effect of growth and						
pregnancy						
Drugs used in the						
treatment of congenital						
heart disease, including						
_						
perioperative						
management and anaesthesia						
Diagnosis, investigation						
and treatment of						
congenital heart disease						
Results of congenital						
surgery - survival,						
common complications						
and management.						
Late complications of						
surgery for congenital						
heart disease						
Role of interventional						
cardiology in congenital						
heart disease.						
Role of mechanical assist						
(IABP, VAD and ECMO)						
Indications for referral for	 					
transplantation in						
congenital heart disease						
Risk assessment and						
stratification in congenital						
surgery						
Cardiopulmonary	1					
resuscitation in children						
		l	I	1]	

1		1	1	
and in patients with				
congenital heart disease				
The anatomy,				
pathophysiology, natural				
history and management				
of the following				
conditions or procedures:				
Patent ductus arteriosus				
Aortopulmonary window				
Atrial septal defect				
Ventricular septal defect				
Coarctation				
PA banding and shunts				
Aortopulmonary and				
venous shunts				
Transposition of the great				
arteries / switch				
procedure				
Congenitally corrected				
TGA				
Single				
ventricle/univentricular				
heart				
Tetralogy of				
Fallot/Pulmonary atresia				
plus VSD				
Fontan procedure				
Rastelli procedure				
Hypoplastic left heart and				
Norwood procedure				
Norwood procedure				
Truncus arteriosus				
Double outlet right				
ventricle				
Pulmonary atresia plus VSD and MAPCAs				
Pulmonary atresia and				
intact septum				
Single ventricle				
Partial and complete				
atrioventricular septal				
defects				
Anomalies of the				
pulmonary venous				
drainage (partial and				
total)				
Anomalies of systemic				
venous drainage				

Congenital aortic valve				
disease (including supra-				
valve stenosis)				
LV outflow tract				
obstruction				
Sinus of valsalva aneurysm				
Congenital mitral valve				
disease				
Congenital tricuspid valve				
disease (including				
Ebstein's abnormality)				
Anomalies of the coronary				
arteries (including				
ALCAPA)				
, ,				
Vascular rings				
Cardiac tumours				
Pericardial disease				
Aortic valve disease				
including Ross procedure				
Mitral valve disease				
Tricuspid valve disease				
including Ebstein's				
abnormality				
Extra cardiac conduits				
Interrupted aortic arch				
Total anomalous				
pulmonary venous				
drainage				
Extracorporeal Membrane				
Oxygenation and VAD				
Transplantation for				
congenital heart disease				
CLINICAL SKILLS				
Cardiovascular system and				
general history and				
examination of child or				
adult with congenital				
heart disease				
Routine haematology and				
biochemical investigations				
in children				
Cardiac catheterisation				
data including				
interpretation of				
haemodynamic data,				
shunt and resistance				
calculations				

requiring advanced							
procedures:							
Partial atrioventricular	1	1	2	NA	NA		
septal defect							
Aortic and mitral valve	1	1	2	NA	NA	1	
surgery including Ross							
procedure							
Open aortic valvotomy	1	1	3	NA	NA		
Open pulmonary	1	1	3	NA	NA	1	
valvotomy							
Tricuspid valve surgery	1	1	1	NA	NA	1	
including Ebstein's							
Tetralogy of	1	1	1	NA	NA	1	
Fallot/Pulmonary atresia							
plus VSD							
Fontan procedures	1	1	1	NA	NA	1	
Extra cardiac conduits and	1	1	2	NA	NA	1	
their replacement							
Complete atrioventricular	1	1	1	NA	NA		
septal defect							
Surgical management of							
the following conditions							
requiring complex							
<u>procedures:</u>							
Interrupted aortic arch	1	1	1	NA	NA		
Total anomalous	1	1	1	NA	NA		
pulmonary venous							
drainage							
Transposition of the great	1	1	1	NA	NA		
arteries (switch							
procedure)							
Rastelli procedure	1	1	1	NA	NA		
Norwood procedure	1	1	1	NA	NA		
Truncus arteriosus repair	1	1	1	NA	NA		
Double outlet right	1	1	1	NA	NA		
ventricle							
Pulmonary atresia plus	1	1	1	NA	NA		
VSD and MAPCAs							

Generic Cardiothoracic

Systemic Inflammatory Response Syndrome

Generic Cardiothoracic							
	Phase 1	Phase 2 Card	Phase 3 Card	Phase 2 Thor	Phase 3 Thor	Critical Condition	Index Proc
Critical Care and Post-		Cara	Cara	11101	11101	Condition	1100
operative Management							
OBJECTIVE							
To be able to manage a pos	t-surgical pa	atient on th	ne critical ca	re, high der	endency ar	nd post-opera	tive
wards. To work as part of a	multi-profe	ssional, mu	ultidisciplina	ary team in t	the manage	ment of a pat	ient
requiring complex critical ca	re. Compet	ence in the	e managem	ent of unco	mplicated si	tuations shou	ıld be
achieved during this period.	Manageme	ent of com	plicated or o	difficult situa	ations will re	equire appro _l	oriate
supervision and guidance.			_				
KNOWLEDGE							
BASIC KNOWLEDGE							
<u>Physiology</u>							
Haemodynamics:							
physiology and							
measurement							
Cardiac arrhythmia							
Haemostasis, thrombosis							
and bleeding							
Acid base balance							
Pulmonary physiology,							
ventilation and gas							
exchange							
Metabolic response to							
trauma and surgery							
GIT, renal and hepatic							
physiology							
Nutrition							
Temperature regulation							
<u>Anatomy</u>							
Heart, pericardium and							
great vessels							
Mediastinum, thoracic							
inlet and neck							
Tracheobronchial tree and							
lungs							
Chest wall and diaphragm							
<u>Pathology</u>							
Inflammation and wound							
healing							1
Myocardial infarction and							
complications			_		_	.,	
Endocarditis	4	4	4	4	4	Yes	
Pericarditis							

Bronchopulmonary							
infection							
ARDS							
<u>Pharmacology</u>							
Drugs used in the							
treatment of							
hypertension, heart							
failure and angina							
Inotropes, vasodilators							
and vasoconstrictors							
Anti-arrhythmic drugs							
Haemostatic drugs							
Antiplatelet, anticoagulant							
and thrombolytic drugs							
Analgesics							
Antibiotics							
Anaesthetic agents, local							
and general							
Microbiology							
Organisms involved in							
cardiorespiratory infection							
Antimicrobial treatment							
and policies							
CLINICAL KNOWLEDGE							
Cardiopulmonary							
resuscitation							
Management of cardiac							
surgical patient							
Management of thoracic							
surgical patient							
Treatment of cardiac							
arrhythmia							
Management of	3	4	4	4	4	Yes	
complications of surgery							
Blood transfusion and							
blood products							
Wound infection and							
sternal disruption							
Neuropsychological							
consequences of surgery							
and critical care							
CLINICAL SKILLS							
HISTORY AND							
EXAMINATION		ļ					
History and examination							
of the post-operative and							
critically ill patient							

		1	1	1	1	1	1
DATA INTERPRETATION							
Analysis and							
interpretation of post-							
operative and critical care							
charts and documentation							
Routine haematology and							
biochemical investigations							
Chest radiograph and ECG							
Echocardiography							
including TOE							
PATIENT MANAGEMENT							
General management of							
surgical patient							
Management of fluid							
balance and circulating							
volume							
Pain control							
Wound management							
Management of surgical							
drains							
Antimicrobial policy and							
prescribing							
Management of	3	4	4	4	4	Yes	
postoperative							
haemorrhage							
Cardiopulmonary	3	4	4	4	4	Yes	
resuscitation (ALS)							
Management of	3	4	4	4	4	Yes	
complications of surgery							
Blood transfusion and							
blood products							
Wound infection and							
sternal disruption							
Recognition, evaluation							
and treatment of							
haemodynamic							
abnormalities							
Evaluation and							
interpretation of							
haemodynamic data							
Practical use of inotropes							
and vasoactive drugs							
Use of an intra-aortic							
balloon pump (IABP)							
Recognition, evaluation							
and treatment of cardiac							
arrhythmias							
Interpretation of ECG							
			i		i		

				I	I	1	
Use of antiarrhythmic							
drugs							
Use of defibrillator							
Understanding and use of							
cardiac pacing							
Recognition, evaluation							
and treatment of							
ventilatory abnormalities							
Interpretation of blood							
gas results							
Airway management							
Understanding of							
ventilatory techniques							
and methods							
Understanding of							
anaesthetic drugs and							
methods							
Recognition, evaluation							
and treatment of multi-							
organ dysfunction							
Renal dysfunction and							
support							
GIT dysfunction, feeding							
and nutrition							
Recognition and evaluation of cerebral and							
neuropsychological							
problems							
TECHNICAL SKILLS AND							
PROCEDURES							
PRACTICAL SKILLS	_		_	_	_		
Arterial cannulation	4	4	4	4	4		
Central venous	4	4	4	4	4		
cannulation							
Insertion of Swan Ganz PA	4	4	4	4	4		
catheter (including							
measurement of cardiac							
outputs and							
interpretation of results)							
IABP insertion	3	4	4	4	4		
IABP timing and	3	4	4	4	4		
management							
Tracheostomy	1	2	3	3	4		
Fibreoptic bronchoscopy	2	3	4	3	4		
Chest aspiration	4	4	4	4	4		
Chest drain insertion	4	4	4	4	4		
Chest drain management	4	4	4	4	4		
Establish an airway	2	3	4	3	4		
	_		<u> </u>		I	1	l l

Internal Cardiac Massage	2	3	4	3	4		
OPERATIVE	_		-		-		
MANAGEMENT							
Re-exploration for	2	3	4	3	4	Yes	
bleeding or tamponade			-		-		
<u> </u>					<u> </u>		I.
Cardiothoracic Trauma							
OBJECTIVE							
To evaluate and manage, in	cluding						
surgical management where	_						
appropriate, and as part of a							
multidisciplinary team, a pa							
thoracic trauma.							
KNOWLEDGE							
GENERAL TRAUMA							
MANAGEMENT							
Principles of trauma							
management (as defined							
by ATLS®)							
Principles of emergency							
resuscitation following							
cardiac arrest							
SPECIFIC KNOWLEDGE							
The mechanism and							
patterns of injury							
associated with blunt,							
penetrating, blast and							
deceleration injuries to							
the chest							
The post- ATLS®, definitive							
care of blunt, penetrating							
and deceleration injuries							
to the chest.							
The indications and use of							
appropriate investigations							
in thoracic trauma							
management							
Pain relief in chest							
trauma, including epidural							
anaesthesia.							
Indications for immediate,							
urgent and delayed							
thoracotomy in trauma							
CLINICAL SKILLS							
GENERAL TRAUMA							
MANAGEMENT (ATLS®)				<u> </u>			

Assessment and							
management of airway,							
breathing and circulation							
Maintenance of an							
adequate airway and							
respiratory support							
Protection of the cervical							
spine							
Circulatory resuscitation							
Establishment of							
appropriate monitoring							
Assessment and							
management of pain and							
anxiety							
CARDIOTHORACIC							
TRAUMA MANAGEMENT							
Examination and							
assessment of the of the							
chest, including							
respiratory, cardiovascular							
and circulatory systems							
Recognition and	4	4	4	4	4	Yes	
management of							
immediately life							
threatening situations:							
obstructed airway,							
tension pneumothorax,							
massive haemothorax,							
open chest wound, flail							
chest and cardiac							
tamponade							
Recognition and	3	4	4	4	4	Yes	
management of							
potentially life threatening							
situations: lung contusion,							
bronchial rupture, blunt							
cardiac injury,							
intrathoracic bleeding,							
oesophageal injury, simple							
pneumothorax and major							
vascular injury							
Recognition of potentially	3	4	4	4	4	Yes	
life threatening							
penetrating injuries to the							
chest and abdomen							
Interpretation of chest x-							
ray, ECG, arterial blood							
gases and							
echocardiography							
23.70 cm, c 6. cmp 7		1	00				

Detection and treatment							
of cardiac arrhythmias							
Management of the	2	4	4	4	4	Yes	
widened mediastinum							
including appropriate							
investigations and							
multidisciplinary							
consultation							
TECHNICAL SKILLS AND							
PROCEDURES							
PRACTICAL SKILLS							
Establish an emergency	2	3	4	3	4		
airway (surgical and non-							
surgical)							
Insertion and	4	4	4	4	4		
management of thoracic							
drains							
Establish adequate venous	2	3	4	3	4		
access and monitoring.							
OPERATIVE							
MANAGEMENT OF							
THORACIC TRAUMA							
Posterolateral	2	3	4	3	4		
thoracotomy,							
anterolateral thoracotomy							
and thoracolaparotomy							
Bilateral anterior	2	3	4	4	4		
thoracotomy							
Median sternotomy and	3	4	4	4	4		
closure							
Repair of cardiac injuries	2	3	3	3	3		
Repair of pulmonary and	1	2	3	3	4		
bronchial injuries	_				-		
Operative management of	1	2	2	3	4		
fractured ribs and flail	_	_	_				
chest							
Management of the	1	3	3	3	4		
complications of chest					•		
trauma, including retained							
haemothorax and							
empyema							
Repair of oesophageal	1	1	1	2	2		
injuries	_	•	_	_	_		
Treatment of aortic	1	1	2	1	1		
transection	_		_	_	_		
ti di i sectioni							