

Overview of changes to new Cardiothoracic Curriculum

Phases of training

ST (and CT) levels have been removed – and replaced with 3 new Phases of training

Supervision levels

For Knowledge and for most Clinical Skills – supervision levels have been removed. The exception is that the supervision levels have been retained for Clinical Skills for the specified cardiothoracic Critical Conditions.

For Operative skills – differing supervision levels are now specified for trainees pursuing a special interest in either Cardiac or Thoracic surgery. These levels are no longer the same for all trainees (whereas they were in the old curriculum – when training was in combined cardiothoracic surgery)

Rationalisation of curriculum

To avoid repetition most the basic knowledge (generic anatomy, physiology, pharmacology etc) and basic clinical skills have been removed from the specific subsections and placed in a Generic Skills section (covering Perioperative care, Critical care and Cardiothoracic Trauma).

Newer Knowledge and Clinical skills added (either where previously identified as missing, or to cover newer CiPs or Critical Conditions) include:

Pharmacology and drugs used during cardiopulmonary bypass

Insertion and positioning of an intra aortic balloon pump

Risk stratification of patients undergoing coronary surgery

Choice of conduits for grafting

Risk stratification of patients undergoing valve surgery

Acute Aortic Syndromes (including Type A & B aortic dissection, intramural haematoma and penetrating ulcers)

Assessment and selection of patients for cardiothoracic transplantation

Management of post op cardiothoracic transplant patient

Management of complications of cardiothoracic transplant surgery

Insertion of Swan Ganz PA catheter (including measurement of cardiac outputs and interpretation of results)

Updating operative procedures/skills

Several operations are either now more commonplace within cardiothoracic surgery, or in some cases are relatively rare, but that were not listed within the old version of the curriculum. The

curriculum review committee felt that trainees should have exposure to where possible. These have therefore been updated to include:

Isolated, uncomplicated aortic valve replacement (sutureless)

Minimally invasive aortic valve replacement

Minimally invasive mitral valve repair/replacement

Transcatheter treatment of aortic valve disease (including non-transfemoral TAVI)

Transcatheter treatment of structural heart valve disease (transfemoral TAVI, mitral valve etc)

Replacement of Ascending Aorta (Interposition graft) +/- AVR

Valve-sparing aortic root replacement

Surgery for removal of cardiac tumour (including atrial myxoma)

Pulmonary embolectomy

Insertion of permanent epicardial pacing lead

Removal of infected pacing system

Surgery for hypertrophic obstructive cardiomyopathies (including myomectomy)

Miscellaneous Conditions

In cardiac surgery the curriculum review committee identified 4 conditions that were not previously present, but which were felt important to add. The curriculum now specifies Knowledge, Clinical Skills and Operative Skills for these conditions:

Primary and secondary cardiac tumours

Acute pulmonary embolus; Chronic thromboembolic pulmonary disease

Alternatives to endocardial pacing and the complications of conventional pacing/rhythm management devices

Hypertrophic obstructive cardiomyopathy