

## Minor Update to 2021 Cardiothoracic Surgery Curriculum and Syllabus.

### Summary Statement

The 2021 curriculum has been updated based on feedback from trainees, trainers and to reflect current and future anticipated clinical practices in cardiothoracic surgery. Feedback has been received from ARCP Panels, Regional Trainee Committees, Trainee Forums, Speciality Society (SCTS) meetings and educational events as well as from national trainee representatives. In addition, trends in contemporaneous practice have been analysed to ensure trainees achieving certification have the appropriate knowledge, clinical and technical skill for practice as a day 1 consultant. All feedback has been reviewed and coordinated by the SAC Curriculum Leads and SAC Chair.

The proposed changes have been presented for review and feedback at multiple SAC meetings including a combined meeting with Training Programme Directors. National Trainee representatives have been present and contributed to all these reviews and updates. The final proposed updates were reviewed and endorsed by the Specialty Advisory Committee (SAC) for Cardiothoracic Surgery.

### Cardiac Surgery – summary of changes

- Isolated uncomplicated mitral valve replacement (MVR) has become an additional Index Case. This is based upon analysis of incidence of MVR in UK and Ireland. There initially was concern raised by trainee representatives but upon review of procedural incidence in UK and Ireland and following discussion at SAC, involving trainee representatives, it was felt a day 1 consultant should have the appropriate technical skills to undertake this procedure.
- Minimal access approaches to the heart have been included to better represent current practice.
- In response to increasing use of minimally invasive techniques to harvest saphenous veins the expected level of knowledge and technical skills have been included and defined.
- The requirements for the management of Aorta Vascular Disease have been updated to better reflect current classification systems as well as recently established surgical techniques.
- The now established treatment of atrial fibrillation requires an increased knowledge of its pathophysiology as well as knowledge and technical skills in procedures for the management of lone atrial fibrillation.

### Thoracic Surgery – summary of changes

- Resection of Mediastinal Lesions has been added to the list of Index cases. A mediastinal lesion most commonly arises from the thymus; however, any mediastinal lesion can be evidenced as an Index Case, and this is represented in the syllabus.
- The expansion in Robotic Surgery for the management of thoracic disease is now represented in all the appropriate parts of the syllabus including general management of a patient undergoing Robotic Surgery. Similarly, all thoracic surgical approaches (open /VATS / Robotic) have been aligned across the syllabus.
- Lung volume reduction surgery and diaphragmatic surgery have been added as Major Cases to enable trainees to achieve completion of certification via these procedures which are now common in thoracic practice.

- There is clarification and simplification of Surgery for Pneumothorax with the removal of mechanism of pneumothorax.
- Treatment of empyema has been removed from the indication for decortication to enable trainees to demonstrate skills in decortication regardless of indication.
- Trainees have repeatedly asked for clarification on the level of knowledge and skills required for managing oesophageal diseases which was previously interspersed in the syllabus. This is now all collated into one section with knowledge and skills clearly defined.
- Data was provided in support of minor changes to the curriculum. Data showed number and types of procedures performed annually in GB&I in thoracic surgery units. Data was submitted by units to the Specialty Association for Cardiothoracic Surgery, the Society for Cardiothoracic Surgery in Great Britain and Ireland (SCTS). Data was kindly supplied by Nathan Burnside, SCTS Deputy Thoracic Surgery Audit Lead.

### **Congenital Cardiac Surgery**

The only changes to the sub-specialty are typographical and the addition of the generic paragraphs relating to Genomics, Clinical Informatics and Sustainability.

In addition to the summary of changes above the curriculum group have also reviewed and updated all PBAs to better reflect the current curriculum, syllabus and proposed changes as well as in response to trainees' requests.

Cardiothoracic SAC