

Certification Guidelines for Cardiothoracic Surgery

All trainees seeking certification in Cardiothoracic Surgery must:

- a) be fully registered with the GMC and have a licence to practise.
- b) have completed a recognised higher surgical training programme in the UK or Republic of Ireland¹.
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies).

In order to be awarded an outcome 6 at final ARCP, the SAC would expect that trainees should be able to satisfy the following specialty specific guidelines:

Guidelines for Cardiothoracic Surgery	
Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus	<p>Trainees should have had exposure to both adult cardiac and thoracic surgery. Trainees must be able to demonstrate that they are keeping their knowledge and skills up-to-date.</p> <p>Trainees must be able to demonstrate knowledge and understanding of the management of the following critical conditions: (1) aortic dissection, (2) stridor, (3) secondary pneumothorax/tension pneumothorax, (4) cardiac tamponade, (5) acute haemothorax, (6) low cardiac output following cardiac surgery, (7) endocarditis-native or prosthetic valve, (8) respiratory failure following thoracic surgery.</p>
Operative experience - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus	There are specific numeric requirements for the number of operations performed. This has been agreed as 200 major cases in either specialty. A number - 10% is suggested - should be completed with the consultant supervisor unscrubbed (please see Appendix 1). Candidates should demonstrate broad exposure to operative cardiothoracic surgery.
Operative competence - evidence of competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)	Trainees should demonstrate competence across a broad range of cardiothoracic procedures as evidenced by completed PBAs.
Research - evidence of an understanding of, and participation in, research as defined by the specialty	Trainees should provide evidence of study of research methodology, possess a higher degree or have published a paper in a peer-reviewed journal. Trainees should have completed a Good Clinical Practice (GCP) course in Research Governance and a research methodologies course.
Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined	Trainees should have evidence of an audit completed (loop closed) within the two years prior to certification.

¹ This will include out of programme training

by the specialty	
Medical Education and training - evidence of an understanding of, and participation in, medical education and training as defined by the specialty	Trainees should have completed courses in training and education by the time they apply for certification.
Management and leadership - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction	Trainees should have completed courses in NHS management by the time they apply for certification.
Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined by the specialty	There are no specific additional courses/qualifications required for certification in cardiothoracic surgery.
Educational conferences - evidence of having attended appropriate educational conferences and meetings as defined by the specialty	Trainees should have attended a major national or international meeting in each year of training.

Appendix 1 – Major cases

Cardiac Major Cases

- Coronary Artery Bypass Grafting (CABG), either alone or in combination with another procedure such as valve repair/replacement
- Valve repair/replacement either alone or in combination with CABG or any other cardiac procedure
- Any thoracic aortic procedure
- Ventricular septal defect repair
- Implantation of the heart or lung (transplantation)
- Heart-lung block retrieval

Thoracic Major Cases

- Lobectomy of lung (VAT/Robotic or open)
- Pneumonectomy
- Anatomical segmentectomy
- Correction of pectus deformity
- Decortication
- Thoracotomy for trauma
- Oesophagectomy
- Chest wall resection and reconstruction
- Tracheal resection