

Cardiac surgery training in the United Kingdom. Visiting Wales for training

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Kardiologia i Torakochirurgia Polska 2005; 2 (4): 83–84



British surgical training system is based on traditional consultant 'surgical firm' structure. Consultant, Specialist Registrar (SpR), Senior House Officer (SHO) and House Officer are on call together and on regular weekdays. This impacts on service delivery and training. There is continuity of care and spread of knowledge from master to his apprentice.

The system is unique in Europe and each consultant creates his own practice choosing cases he operates depending on his interest. It is the hospital's responsibility to select a team of specialists necessary to provide a sufficient cardio-thoracic surgical care in any given area. The majority of departments are staffed with a variety of different specialists in cardiac and thoracic surgery.

Each SpR works with a consultant for 6 months and then moves to another consultant thus gaining gradually more experience. Cardio-thoracic surgical training lasts 6 years, of which part is devoted to thoracic surgery. Depending on his preferences a trainee may decide to concentrate on either branch. However, the final exam and title involves in full both cardiac and thoracic surgery.

Since 2004 I have been working as Specialist Registrar in University Hospital of Wales.

Thanks to professor Stanisław Woś cooperation with various centres in the United Kingdom young Polish cardiac surgeons are recognised as valuable trainees and successfully compete with others for training positions in the UK. However, competition for high training posts is fierce (applicant to post ratio averages 20:1).

To be successful one must be equipped with determination, perseverance, technical skills, sound clinical judgment, and the ability to communicate and work effectively in a team.

Advantages of the British training system

First of all, working with one surgeon in his practice allows familiarising thoroughly with the healthcare process since the patient is qualified for operation to the patient's

assessment in the follow-up clinic. Binding patients with surgeons also makes it necessary to treat all possible complications and to perform reoperations. The cardio-surgical case always remains a consultant's patient and any problems whether or not due to the operation must be resolved.

Depending on his training a registrar is exposed to different parts of this process both clinical and surgical. In the beginning of the training it may be required to look after and assess postoperative patients etc., while surgeons at the end of their training would operate by themselves and qualify patients to operations. It differs from one consultant to another however, a scheme of a sort is widely accepted and adopted by all of them.

After 6 months each trainee is assessed by his consultant, and once a year by an independent committee (RITA). In order to complete a year of training he has to prove his progress and complete mandatory training items, which also includes his scientific activity (presentations and publications: two per year). Failing RITA forces to redo a year of training and failing it twice in a row disqualifies for further training.

It is equally important that a trainee also assesses training performance of his consultant, which is reviewed by an independent body and regional program director. Declining training to young surgeons may result in denying a right to employ a Specialist Registrar, which not only lowers one's prestige but also makes every day's work quite difficult.

Such an assessment gives an opportunity to plan one's training according to an individual trainee and for people from abroad to train in a chosen field.

Throughout the entire training period the trainee is encouraged to familiarise with all types of surgical procedures offered by a given rotation by working with different consultants. These surgical techniques may or may not be implemented in one's future practice. It also enables to spend up to 2 years in another centre either domestic or abroad in order to broaden one's interests.

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The entire training period is intertwined with mandatory courses. Each course is concentrated on a very specific subject (VATS, anastomosis techniques, etc.) and skills and aims to be achieved by it. Each course has a practical exercise held in wetlab, where a participant must show skills and knowledge necessary to complete it.

Another significant advantage of the British system is linking cardiac surgery to thoracic surgery, which allows us, cardiac surgeons, to explore in more details thoracic problems and chest anatomy. Moving freely around the chest results in better cardiac surgery skills especially in hospitals, where chest trauma is involved.

The third significant part of training is development of managerial skills. As a future consultant, the trainee must be able to manage people and work as part of a team. "Team work" is an extremely important part of work for the NHS and people not used to it may find it difficult to follow.

Disadvantages of the British training system

It is difficult to notice disadvantages if one comes to the UK for a short period of time solely in order to familiarise with specific surgical technique and work for a specific surgeon.

6 months often seems to be too short a time to obtain trust and develop good work relationships.

Also a prospect of reducing work hours due to the European Work Time Directive (EWTD) may have an impact on the future of training. The challenge facing British National Health Service Trusts is to design training programmes that will produce safe, competent surgeons who have the capacity to propel the profession forwards with less time spent in hospital. It has been calculated that full implementation of the EWTD would reduce the time spent training from the current 21,000 hours to a proposed 7,640 hours over the 9 years spent in junior grades. This impacts on service delivery and training.

Spending some time in the UK seems to be worthwhile

The answer is easy, definitely YES. I would recommend to all my colleagues going abroad and seeing something new, something you are not able to see in our country. This is extremely difficult these days, as our cardiac surgery has reached a very high standard. Nevertheless you will always be able to improve your skills and knowledge. Also being exposed to another healthcare system broadens one's mind and shows another point of view on many aspects of our day to day's work.

It is my opinion that young Polish cardiac surgeons have an opportunity to train in countries of the European Union and the United Kingdom certainly remains an attractive destination.