

# What can we change Training in CT Transplant

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# Current status

- Only 5 training programs exposes CT trainees to CT transplant
  - North West, North East, West Midlands, East Anglia and London
- Majority of CT trainees did not get the opportunity to be involved in CTT
- Only the dedicated individuals organise a fellowship/OOPT for transplant training
- This reduces/opportunity to attract trainees lost due to lack of exposure

# Peri-CCT Transplant fellowship

- SAC approved, funded by the DOH to train CTT fellows towards consultant appointment
- Papworth, Newcastle and Manchester are the 3 programs involved
- Currently 2 fellows (Papworth and Manchester) in post
- Many current consultants CTT in the UK have gone through this program
- This has been a great success in training dedicated CTT surgeons

# SCTS training committee

- Committee chaired by Mr. Steven Tsui and SCTS president and represented by all unit members discussed CTT training
- A suggestion of compulsory 3 months of exposure to all trainees in the UK towards CTT was suggested
- Discussed at length in SAC and no decision has been made
- Competing priorities-
  - Paediatric surgeons also want to enforce compulsory 3 months of Paediatric cardiac surgery
  - Already long CTT training (7 years plus) and SAC feel this will prolong training

# Operative experience

- Due to many factors the trainees come out with relatively less number of cases compared how it was a decade ago
- EWTD has reduced the working hours but reduced operating experience
- Increase in number sicker patients, reduced trainers, impact of Covid all reduce the operative experience
- Already a long training period so less incentive to take on transplantation
- Newly appointed CTT surgeons require a period of mentoring and training

# Capacity /Workforce survey

- Difficult to predict consultant vacancies just based on age alone
- Highly skilled and very small workforce of CTT surgeons in the UK
- Difficult to retain with external opportunities-USA, Canada
- There is competing priorities for surgeons to do adult cardiac surgery on calls and also CTT on calls
- No financial incentive to do onerous and difficult transplants at night when compared to colleagues doing adult cardiac surgery work

# What can we change

- Many of the issues discussed are not trainees fault and is a system failure
- Protect existing workforce
  - Uncouple CTT on calls from adult cardiac surgery
  - CTT should become daytime operations and enables ease of mentoring/supervising juniors
  - There has to be financial incentive for a 12 PA surgeon doing CTT versus any other specialty

# CTT training

- Continue with Peri-CCT training program
- Peri CCT fellows should be appointed to consultant posts-proleptic pending completion of training to attract younger trainees to CTT
- Funded fellowships for younger trainees to attend some of the large lung transplant programs in the world
- Make lung transplants a day time work to enable younger trainees take on the specialty
- Consider a robust capacity workforce survey by NHSE to evaluate the need and the number of posts required to be filled in few years



Thank you