



Society for Cardiothoracic Surgery
in Great Britain and Ireland

Society for Cardiothoracic Surgery
in Great Britain & Ireland (SCTS)
35-43 Lincoln's Inn Fields
London
WC2A 3PE

SCTS Statement on the Retraining and Reskilling of Consultants in Cardiothoracic Surgery

This document has been prepared as guidance to our members and healthcare providers. It also serves to reassure patients and the public that guidance is present on these matters.

This is presented after extensive consideration, contribution, and review by the SCTS senior leadership team, Trustees and SCTS Executive committee. The latter represents all our sub-committees and working groups.

We recognise that numerous individuals have participated in the development of this guidance originally authored by Mahmoud Loubani and Tim Jones and carried forward by the previous president Narain Moorjani. We are grateful to all.

Release has been authorised by our Trustees.

Aman S Coonar
SCTS President
January 2026



Society for Cardiothoracic Surgery
in Great Britain and Ireland

SCTS Statement on the Retraining and Reskilling of Consultants in Cardiothoracic Surgery

1. Introduction

Consultants may face difficulties relating to professional behaviour, communication, or clinical performance during their career. Expectations are outlined in the [Generic Professional Capabilities Framework](#) (1).

Such concerns may lead to temporary restriction or suspension from clinical duties while investigations are undertaken. Upon completion of those processes a structured programme of retraining and reskilling may be required to enable the consultant to safely return to independent practice. In some instances, this may need retraining in an external unit or internally.

Concerns must be investigated promptly and fairly.

Delay risks the erosion of technical and professional skills and greater difficulty in reintegration. Unnecessary delay is therefore unacceptable.

Reintegration following a period of absence can be a complex and sensitive process requiring careful planning, appropriate support, and clear governance.

Responsibility for designing, funding, and implementing retraining programmes rests with the employing Trust.

Trusts are encouraged to work with the [Practitioner Performance Advice Service](#) (PPAS) (2), which provides expert assessment and advice in developing tailored programmes for doctors who require retraining after an absence or performance concern.



Society for Cardiothoracic Surgery
in Great Britain and Ireland

2. Role of SCTS

The Society for Cardiothoracic Surgery in Great Britain & Ireland (SCTS) may provide professional guidance and advisory support to employers, medical directors, and clinicians engaged in retraining processes.

The SCTS does not undertake, fund, or deliver retraining programmes, nor does it hold responsibility for operational oversight or sign-off.

With its Professional Standards Subcommittee, the SCTS may, when invited:

- Offer guidance on the design of retraining and reskilling pathways.
- Share information on departments with experience of supervised retraining.
- Provide advice or liaison, on request, with PPAS or other relevant bodies to ensure consistency with national professional standards.
- Offer guidance to centres of excellence, appropriate trainers, and mentors.

All retraining programmes must be locally agreed, delivered, and governed by the employing organisation under a formal Learning Agreement.



Society for Cardiothoracic Surgery
in Great Britain and Ireland

3. Learning Agreement (Illustrative Framework)

Aim:

To enable a consultant to return safely and confidently to independent practice within their cardiothoracic surgical sub-specialty.

Scope:

The retraining programme must address technical skills, professional conduct, decision-making, and communication, according to the specific needs identified through investigation and assessment.

Each Learning Agreement must define:

- The objectives of retraining mapped where relevant to the Intercollegiate Surgical Curriculum Programme (ISCP) for Cardiothoracic Surgery.
 - The roles and responsibilities of all parties (employing Trust, supervisors, and consultant in retraining).
 - The expected duration, review process, and clear criteria for completion and sign-off.
-



Society for Cardiothoracic Surgery
in Great Britain and Ireland

4. Support Structure

The employing Trust must establish a robust framework of support and governance to ensure fairness, transparency, and patient safety.

Clinical and Educational Supervision

- Two named consultant supervisors with relevant experience must be identified.
- Supervisors must have dedicated, realistic, and fully remunerated time in their job plans (or equivalent ad-hoc funding) to provide observation, structured feedback, and workplace-based assessments (WBAs).

Managerial Oversight

- The Clinical Lead or Medical Director must oversee the overall governance and administrative aspects of the programme.
- The employing Trust retains full responsibility for resourcing, indemnity, and providing a suitable environment for retraining.

Educational Governance

- An Educational Supervisor independent of the employing Trust must monitor overall progress and ensure that learning outcomes and assessment standards are met. This role must be remunerated.

Mentorship

- The consultant should identify a senior mentor, ideally external to the immediate supervision team, for personal and professional support. This role must be remunerated.

Ongoing CPD

- The consultant must have access to the same Continuing Professional Development (CPD) and revalidation resources as other medical staff, including study leave and funding to attend relevant courses or meetings.
-



Society for Cardiothoracic Surgery
in Great Britain and Ireland

5. Review and Assessment

Progress should be reviewed regularly through a transparent, documented, and fair process aligned with educational governance principles.

- Initial Meeting: To confirm objectives, structure, and the signed Learning Agreement in accordance with the senior management of the Employing Trust.
- Progress Reviews: Conducted monthly or as appropriate, using a Multiple Consultant Reports (MCR)/ARCP-style framework.
- Evidence Portfolio: Including WBAs, reflective practice, logbook entries, and structured supervisor reports.
- Multiple Consultant Report (MCR) and Multi-Source Feedback (MSF): Obtained at appropriate intervals, incorporating the views of the wider multidisciplinary team.

6. Curriculum and Competence Framework

Retraining programmes must ensure compliance with the Generic Professional Capabilities framework as described by the General Medical Council.

They should use the current ISCP Cardiothoracic Surgery Curriculum as a minimum reference framework. For specific competencies in paediatrics, transplant, aortic, mitral and robot assisted surgery this should be at least at the level of a senior fellowship.

The scope should be tailored to the consultant's sub-specialty and specific development needs; not all curriculum components will be relevant.



Society for Cardiothoracic Surgery
in Great Britain and Ireland

7. Contractual and Logistical Arrangements

The employing Trust must establish an appropriate contractual framework that provides:

- No on-call or out-of-hours work initially.
- Protected time for supervision, assessment, and reflection.
- Access to appropriate facilities, IT systems, and patient lists.
- Flexibility to adjust duties and workload in line with demonstrated progress.

It is anticipated that this would be a fixed-term retraining contract on either a full-time or less than full-time basis.

The employing Trust is responsible for remuneration.

8. Duration and Milestones

The duration of retraining will depend on individual circumstances. We propose that this should aim to complete within 3 to 12 months with full engagement by the consultant undergoing retraining and /or reskilling as well as the employing Trust.

Formal review meetings must occur at regular intervals, at least every three months and ideally more frequently, to assess progress, adjust objectives, and confirm readiness for independent practice.

9. Completion and Sign-Off

Final sign-off must be undertaken by the employing Trust, based on evidence of competence, supervisor reports, and (if appropriate) external assessor input.

The SCTS may provide independent advice or review if requested, but it does not accredit, validate, or approve individual retraining outcomes.



Society for Cardiothoracic Surgery
in Great Britain and Ireland

10. Summary

This SCTS Guidance on Retraining and Reskilling sets out principles for the safe, fair, and structured return of consultants in cardiothoracic surgery to independent practice following a period of professional difficulty or absence.

SCTS:

- Provides guidance and advisory support, not operational management.
- Encourages early collaboration with PPAS and local governance teams.
- Promotes compassionate rehabilitation, balanced with patient safety and accountability.
- Discourages delay.

The employing Trust retains full responsibility for:

- Investigating and addressing concerns.
- Designing, resourcing, and delivering the retraining programme.
- Providing appropriate supervision and governance.
- Making the final decision on readiness to return to independent practice.
- Pro-active and timely management of the process.
- Remuneration.

References

1. [Generic Professional Capabilities Framework](#)
 2. [Practitioner Performance Advice Service](#)
-