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THE
MOYNIHAN
ACADEMY
PURSUIT OF SURGICAL EXCELLENCE



ASGBI

Association of Surgeons of
Great Britain and Ireland



Moynihan Academy Newsletter
September 2026



Presidential Update

Gita Lingam, President Moynihan Academy

Dear Colleagues,

Welcome to the MA Newsletter, the first featuring our fantastic new committee for 2026–2027! I hope you've all had a brilliant summer and enjoyed the heatwave whilst it lasted!

Here at the Moynihan Academy, we've been working hard behind the scenes to bring you an exciting programme of opportunities over the coming months. From webinars and podcasts to collaborative research projects, in-person events and prize opportunities, there's something for everyone—so keep an eye on our channels for the latest updates!

We've put together an exciting programme for the MA masterclass in November featuring sessions on building your professional profile through social media, incorporating artificial intelligence into surgical practice, and even demystifying your NHS payslip. There are also opportunities to submit abstracts and essays, with prizes awarded to the winners. Registration is open now via our website so go check it out!

For those of you who have rotated to new posts this August, we hope you're settling in well and good luck to those who change in October! Whatever stage you're at—medical student, Foundation Doctor, Core Trainee, Specialty Trainee, LED or SAS doctor, we have resources, events and a supportive community to help you along your surgical journey.

Stay connected through our WhatsApp community (join [here](#)), follow us on X ([@asgbi_ma](#)), Instagram ([@asgbi_ma](#)) and LinkedIn so you don't miss out on our upcoming events!

Finally, thank you for being part of the Moynihan Academy community. It is your enthusiasm and engagement that makes this such a special network. If there's anything more we can do to support your surgical journey, we'd love to hear from you.

Happy surgical training!

Gita x



Follow Moynihan Academy on



Upcoming Moynihan Academy and ASBGI Events

(click the image to register)

Tripartite Surgical Trainees Meeting 2026

Innovation Point, Arthrex, UK

22 October 2026

Strategy, Anatomy & Decision-Making

Join us for a day of advanced education across Emergency General Surgery, Upper GI, HPB and colorectal, with expert-led, interactive lectures & case-based discussion

Arthrex UK in partnership with:



Arthrex
Endoscopy



ASGBI
EVENTS

**Emergency General
Surgery Symposium**

**REDEFINING EMERGENCY GENERAL SURGERY,
BEYOND THE ACUTE EPISODE**

12TH NOVEMBER 2026, LONDON & ONLINE



**THE
MOYNIHAN
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PURSUIT OF SURGICAL EXCELLENCE

MOYNIHAN ACADEMY MASTERCLASS:

SURGEON BEYOND THE SCALPEL

13TH NOVEMBER 2026

41 PORTLAND PLACE, LONDON



Papers of the month

Danial Baker, MA Research Lead

Papers of the quarter

I want to share three papers with you all which I feel are well worth a read for all general surgery trainees.

1) **A description of patient experience after undergoing an emergency laparotomy.** Ambrose et al. WJES, April 26

DOI: <https://pubmed.ncbi.nlm.nih.gov/42021331/>

I always enjoy reading papers looking at patient experience as it's something we don't do well.

Take Away Points

- 1) Only 64.5% of patients had planned follow up after emergency laparotomy.
- 2) 82.9% of new cancer diagnoses had planned follow up at discharge.
- 3) Irrespective of follow-up, 36.5% of patients have unplanned follow-up, which highlights deficits in our post-op care pathways.

Question:

Have a think about your patient when you're discharging, would you want follow-up after an emergency laparotomy? I would!

2) **Early post-operative outcomes in adults undergoing minimally invasive versus open emergency colorectal surgery: A retrospective cohort study of the ACS-NSQIP 2016-2022.** McKechnie et al. ColoDis, May 26.

DOI: <https://pubmed.ncbi.nlm.nih.gov/42136512/>

Unfortunately the LaCES trial had to close due to poor recruitment so there is no true randomised data comparing laparoscopic vs open emergency colorectal resections. However the above study is a large retrospective cohort comparing emergency colectomies performed either via minimally invasive approaches or open. Unsurprisingly MIS significantly reduces morbidity and mortality – although I accept this is observational data so subject to selection bias. I recommend all trainees read this full paper and think strongly about scoping most patients initially, you can always convert after!

3) **Decompression stent, stoma, transanal tube or immediate surgery: Systematic review and Bayesian network meta-analysis for left-sided malignant colonic obstruction.** Kitaguchi et al. ColoDis, June 2026

DOI: <https://pubmed.ncbi.nlm.nih.gov/42244048/>

A topic close to my heart! Obstructing colonic malignancies are common on the acute take - with poor oncological and patient outcomes (most have a laparotomy + resection). Bridge to Surgery (BTS) approaches exist via a stent or defunctioning stomas but we don't utilise staged approaches in the UK, despite very good results in Europe. I think we will see a shift in the management of malignant colorectal obstructions, especially with the rapidly evolving oncological landscape. This study provides a nice overview of the 'higher level' evidence to support BTS approaches in left sided obstructions and the relative lack of high quality evidence. The taught endoscopic approach to large polyps is firstly, 'is it resectable?' and secondly 'is it resectable by me?'. I think this approach may soon apply to malignant LBO. We just need better comparative data, working on it!

Sign up for the national SURGE audit

SURGE (a national, Snapshot aUdit of the management of acute lower Gastrointestinal bLEeding)

(click the image to register)



Latest in Moynihan Academy

Faiza Soomro, MA Education Lead

Welcome to the first Moynihan Academy newsletter of 2026. As Educational Lead, I am delighted to welcome you to this section of the newsletter, where I will share highlights of our upcoming educational events. We have a number of exciting opportunities ahead, including a collaborative webinar, a new journal club series and our flagship masterclass.



Upcoming Moynihan Academy Events

(click the image to register)

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Arthrex UK in partnership with:

Arthrex Endoscopy

MOYNIHAN ACADEMY MASTERCLASS:
SURGEON BEYOND THE SCALPEL
13TH NOVEMBER 2026
41 PORTLAND PLACE, LONDON

A photograph showing a group of people seated in a room, facing a screen where a presentation is being displayed. A person is standing at the front, likely the presenter.

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MOYNIHAN ACADEMY 4 SEASONS JOURNAL CLUB

WATCH THE SPACE
SOMETHING EXCITING
is coming...

DISCUSS, CRITIQUE, UNDERSTAND.
MASTER THE PAPER
ACE THE VIVA

4 SEASONS.
4 JOURNAL CLUBS.
ONE GOAL.
YOUR EXCELLENCE.

COMING SOON – MOYNIHAN ACADEMY 4 SEASONS JOURNAL CLUB

 **Summary:** A new journal club collaboration with research societies across England and Europe, designed to discuss papers, critique the evidence and support FRCS viva preparation.

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 **KNOWLEDGE.**

 **COLLABORATION.**

 **EXCELLENCE.**

Training activities

Mohamed Issa, MA Education Lead

Upcoming FRCS webinars

The ASGBI–Moynihan Academy/RCSEd FRCS webinar series continues with:

Stent or Scalpel? Contemporary Management of Malignant Large Bowel Obstruction

21 September 2026

[View details and register](#)

Catch up on previous webinars

Missed one of our previous educational webinars? Recordings and further learning materials from earlier ASGBI and Moynihan Academy sessions remain available online.

[Explore previous ASGBI and Moynihan Academy webinars](#)

Free national online training resources

The **National Online Training Programme (NOTP)** provides free educational resources for Core Surgical Trainees, Specialty Trainees and Locally Employed Doctors.

[Register for access to NOTP resources](#)

Explore the benefits of being a member of ASGBI

[Click to register](#)

ASGBI EVENTS

SAVE THE DATE!

**The 2027 International Surgical Congress will take place
21st- 23rd May, 2027**

For more information, follow Moynihan Academy





ASGBI
EVENTS

4 Seasons
2026

J&J MedTech

**WHEN CANCER SHOWS UP AT 3AM:
HOW DO YOU THINK, DECIDE, AND
NOT REGRET IT? PART 2**

FRIDAY 25TH SEPTEMBER, 1200 - 1400

Healthcare Professionals in Training

Share your early-career perspective. Help improve healthcare.

NCEPOD is looking for trainees to join our Healthcare Professionals in Training group.

By joining, you'll:

- Gain experience in national healthcare quality improvement.
- Work alongside multidisciplinary teams.
- Contribute to your **Continuing Professional Development (CPD)**.



We're looking for:

- Doctors in training: **ST4 level or below.**
- Other healthcare professionals in training: **from any healthcare profession.**
- Newly qualified healthcare professionals: **up to 18 months post-qualification.**

Time Commitment Flexible. Choose opportunities that suit your interests and availability.

Location Online via Microsoft Teams.



Involvement is flexible*, but may include:

- Co-producing and reviewing documents, reports, and recommendations.
- Attending meetings with healthcare professionals, patients, families, and members of the public.

*There is no minimum time commitment - get involved as much or as little as you'd like.

Register your interest

All healthcare professionals in training are welcome to join.



NCEPOD is a registered charity in England and Wales: 1073588
and a company limited by guarantee: 3019381

For more information:

Email: engagement@ncepod.org.uk

Website: www.ncepod.org.uk



Wellbeing Corner

Izza Nazir, MA Wellbeing Lead

Hello everyone

When we think about becoming better surgeons, we naturally focus on developing our technical skills, expanding our

knowledge and preparing for the next stage of training. Yet one of the greatest influences on our performance is often overlooked—our own wellbeing.

Burnout among surgeons and surgical trainees remains a significant challenge worldwide. Research has shown that regular physical activity, meaningful mentorship and strong peer support can improve resilience, reduce stress and enhance overall wellbeing. Looking after ourselves is not a distraction from surgical excellence—it is one of the foundations of it. With this in mind, I'm delighted to share some of the wellbeing initiatives we'll be introducing through the Moynihan Academy over the coming year.

The ASGBI–Moynihan Academy/RCSEd FRCS webinar series continues with:

Moynihan Moves 5K Challenge

Movement has a powerful impact on both physical and mental wellbeing. Regular exercise has been associated with lower stress levels, improved mood, better concentration and reduced burnout. Our Moynihan Moves 5K Challenge, taking place alongside the ASGBI Annual Conference, is an opportunity for members of our surgical community to come together, enjoy being active and support one another. Whether you choose to run, jog or walk, everyone is welcome.

Moynihan Academy Mentorship Programme

A strong support network can make a lasting difference throughout surgical training. This year we will be launching a mentorship programme that connects students and trainees with experienced surgeons who can offer guidance, encouragement and career support. Evidence suggests that mentoring improves confidence, professional development and career satisfaction while helping trainees navigate the challenges of surgical training.

Wellbeing Month

March is recognised as Wellbeing Month, providing an opportunity to pause, reflect and invest in ourselves. To mark the occasion, the Moynihan Academy will host a series of wellbeing seminars focusing on practical approaches to maintaining physical and mental wellbeing throughout a surgical career. We hope these sessions will encourage open conversations, provide practical strategies and help us continue building a healthier and more connected surgical community.

#WellbeingWednesday

Our #WellbeingWednesday campaign will continue to share simple, evidence-informed tips and resources on physical activity, nutrition, mindfulness, resilience and healthy habits. Sometimes the smallest changes—taking a short walk, staying hydrated or checking in with a colleague—can make the biggest difference.

As a starting point, why not choose one small habit to focus on over the next few weeks? It could be a 20-minute walk after work, taking a few minutes to stretch before your operating list, staying hydrated throughout the day, or making time for a proper break whenever your shift allows. Small, consistent changes often have the greatest impact, and every positive step is worth celebrating.

As we move through the year, I hope you'll join us in these initiatives. Whether you're taking part in the Moynihan Moves 5K Challenge, becoming a mentor or mentee through our Mentorship Programme, attending our Wellbeing Month seminars, or simply following our #WellbeingWednesday posts, every contribution helps create a healthier, happier and more connected surgical community.

I look forward to sharing this journey with all of you.

Stay active. Stay connected. Stay inspired.

Izza

World Health Organization. Guidelines on Physical Activity and Sedentary Behaviour (2020).

DOI: [10.1136/bjsports-2020-102955](https://doi.org/10.1136/bjsports-2020-102955)

National Academy of Medicine. Clinician Well-Being and Resilience

Sambunjak D, Straus SE, Marušić A. Mentoring in academic medicine: A systematic review.

JAMA 2006. DOI: [10.1001/jama.296.9.1103](https://doi.org/10.1001/jama.296.9.1103)

ASGBI + StatPearls Unlimited CPD

StatPearls Unlimited CPD program allows full access to our 6,741 activities across 183 specialties. StatPearls CPD is approved and accredited by the ASGBI (Association of Surgeons of Great Britain and Ireland) and qualify for your CPD points.



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Access to 25% discount for ASGBI members

Medical Student Corner

Amir, MA Medical Student Rep

Hernias - Summarised for medical students

Helpful guide for medical students for exam

What is a hernia?

1. The basics

A hernia occurs when organs or tissue protrudes through a weakness or defect in the surrounding muscle or connective tissue. Hernias are commonly classified according to their location.

2. Types of hernias

Inguinal hernia: The most common is an inguinal hernia, which occurs in the groin and can be indirect or direct. An indirect inguinal hernia passes through the deep inguinal ring and travels within the inguinal canal, lateral to the inferior epigastric vessels, a direct inguinal hernia protrudes through the posterior wall of the inguinal canal but is medial to the inferior epigastric vessels.

Femoral hernia: A femoral hernia passes through the femoral canal, below and lateral to the pubic tubercle, and has a relatively high risk of incarceration and strangulation.

Umbilical hernia: Umbilical hernias occur through the umbilical ring.

Incisional hernia: Incisional hernias develop through a previous surgical incision.

Epigastric hernias: Epigastric hernias occur through the linea alba above the umbilicus

Spigelian hernia: Spigelian hernias occur through the spigelian fascia along the lateral border of the rectus abdominis.

3. What do you need to know in medical school?

Main elements:

Identify the hernia: Location, size, cough impulse and anatomical relationships.

Assess reducibility: Is it reducible, irreducible or recurrent?

Look for complications: Pain, tenderness, obstruction, systemic toxicity or skin changes

Assess the patient, not only the lump: Check observations, hydration, abdominal examination and overall clinical condition.

Escalate early when concerned: A painful, tender and irreducible hernia may represent strangulation and requires urgent surgical assessment.

4. Management consideration

Reducible, asymptomatic hernias may be managed conservatively or electively repaired

Femoral hernias generally warrant more urgent repair given their high complication risk.

Irreducible, painful or tender hernias need prompt surgical review to exclude strangulation

Signs of strangulation (severe pain, systemic upset, overlying skin changes) require emergency surgical assessment.

Key medical-school point

A hernia is not simply a swelling to describe. The critical task is recognising whether it is reducible, obstructed or strangulated and escalating appropriately.

HerniaSurge Group. International guidelines for groin hernia management. *Hernia*. 2018 Feb;22(1):1-165. doi:

10.1007/s10029-017-1668-x. Epub 2018 Jan 12. PMID: 29330835; PMCID: PMC5809582.

<https://pubmed.ncbi.nlm.nih.gov/29330835/>

Hernia guidelines - [European Hernia Society \(EHS\)](#)

British Hernia Society Conference 2026

(click the image to register)



Ways to engage with the Moynihan Academy

Monday MRCS

#MRCSMondays

Weekly MRCS MCQs to help trainees build exam confidence and maintain steady revision habits.

Friday FRCS

#FRCSFridays

Every Friday we post FRCS-style questions to support senior trainees preparing for the fellowship exam.

Wednesday Wellbeing & Medical Student Wednesdays

These run on an alternating schedule:

#WellbeingWednesdays

Wellbeing Wednesday – practical wellbeing advice, tips and webinars to promote a healthier surgical life.

#MedicalStudentWednesdays

Medical Student Wednesday – guidance for medical students who wish to begin a surgical career, including study tips and early exposure opportunities.

What else do we share?

Alongside our weekly themes, we regularly post about:

Important national audits

Masterclasses and teaching events

Moynihan Academy and ASGBI updates

RCSEd webinar adverts

FRCS webinar series announcements

Highlights from partner surgical associations

Follow the Moynihan Academy on Twitter, LinkedIn, and Instagram.

Everyone is welcomed and everyone interested in surgery, education and wellbeing to join our growing community.



Have ideas or suggestions?

We would love to hear from you — please message us on any of our platforms. Your feedback helps us improve and continue delivering valuable content.

[Click to contact us](#)



ASGBI
EVENTS

PODCASTS

(click here to listen)

