

JCST Quality Indicators for Surgical Training – JCST Fellowships Oncoplastic Breast Surgery

There are 10 'generic' QIs for all surgical training and JCST fellowship placements that are followed by specialty-specific QIs.

If you have any feedback on the QIs please email qa@jcst.org.

Quality Indicators for Surgical Training

QI 1	Trainees/Fellows ¹ in surgery should be allocated to approved posts commensurate with their phase of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than full-time trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
QI 2	Trainees/Fellows ¹ in surgery should have at least two hours of facilitated formal teaching each week (on average). For example, locally/regionally/nationally provided teaching, educational induction, virtual teaching programmes, simulation training, specialty meetings, journal clubs, x-ray meetings, MDT meetings.
QI 3	Trainees/Fellows ¹ in surgery must have the opportunity and study time to complete and present audit, patient safety or quality improvement projects during each post, <i>such that trainees will have had the opportunity to have completed three such projects by certification</i> ² .
QI 4	Trainees/Fellows ¹ in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include protected time to allow for this.
QI 5	Trainees/Fellows ¹ in surgery should be able to access study leave ("curriculum delivery") with expenses or funding appropriate to their specialty and personal progression through their phase of training.
QI 6	Trainees/Fellows ¹ in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
QI 7	Trainees/Fellows ¹ in surgery must have the opportunity to complete the Workplace Based Assessments (WBAs) required by their current curriculum, with an appropriate degree of reflection and feedback. Specifically, the mandatory Workplace Based Assessments in critical conditions and index procedures defined by the current curriculum should be facilitated.
QI 8	Trainees/Fellows ¹ in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
QI 9	Trainees/Fellows ¹ in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.

QI 10	Trainees/Fellows¹ in surgery must have the opportunity to develop the full range of Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs), as defined by the current curriculum. Timely midpoint and end of placement Multiple Consultant Reports (MCRs) should be led and performed by trainers, with feedback and discussion of outputs. The focus of the placement should reflect the areas for development identified at the midpoint MCR or previous end of placement MCR.
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¹JCST post-certification Fellows. Fellowship placements are based on an approved surgical curriculum template and use the same 'generic' quality indicators as used for specialty trainee placements.

² See [JCST post-certification fellowship curriculum](#) for research and audit requirements for JCST Fellows. A JCST post-certification fellowship placement should provide opportunity for research and audit.

Quality Indicators for Oncoplastic Breast Surgery

QI 11	Fellows in oncoplastic breast surgery should have the opportunity to undertake a wide range of operations, both independently and under appropriate supervision, in elective and emergency oncoplastic, reconstructive and aesthetic surgery.
QI 12	Fellows in oncoplastic breast surgery should have the opportunity to attend a minimum of 3 consultant supervised theatre sessions each week. This must include non-parent specialty surgery required by their learning agreement.
QI 13	Fellows in oncoplastic breast surgery should have the opportunity to attend a minimum of 3 consultant supervised outpatient clinics each week and should see a mix of new and follow-up patients. This must include non-parent specialty clinics required by their learning agreement. One of those clinics should be a dedicated reconstruction clinic.
QI 14	Fellows in oncoplastic breast surgery should have the opportunity to attend an oncology multi-disciplinary team meeting (MDT) once a week as defined by the Association of Breast Surgery (ABS) / British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) OP guidelines, with a minimum attendance of 60% per annum.
QI 15	Fellows in oncoplastic breast surgery should have the opportunity to gain exposure to assessing, managing and treating (clinics, theatre sessions etc) symptomatic and NHS breast screening programme detected cancers. Trainees must see sufficient numbers of new cases to meet the requirements of the curriculum.
QI 16	Fellows in oncoplastic breast surgery should have the opportunity to gain exposure to assessing, managing and treating (clinics, theatre sessions etc.) developmental breast problems, symmetrisation surgery and aesthetic surgery.
QI 17	Fellows in oncoplastic breast surgery should have the opportunity to attend an advanced communication skills course during the year if they have not already completed this prior to commencement of the fellowship year.
QI 18	Fellows in oncoplastic breast surgery should have the opportunity to attend a training course which covers management issues in the NHS.
QI 19	Fellows in oncoplastic breast surgery should have the opportunity to acquire a certified leadership course during the year as an optional experience.
QI 20	Fellows in oncoplastic breast surgery should have dedicated research and audit time in the weekly timetable and should undertake a minimum of one completed

	audit, ideally including closing the audit loop. Trainees should provide evidence of research/service evaluation activity during the fellowship.
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