

# University Hospitals Birmingham NHS Foundation Trust Training Interface Group fellowship post in Oncoplastic Breast Surgery



## ***Introduction***

The fellowship programme is run through the Joint Committee on Surgical Training (JCST).

Fellowship posts are open to all higher surgical and where appropriate, non-surgical trainees, that meet the person specifications. Details of eligibility are found through the [JCST](#).

Any unit applying to host Training Interface Group fellows must have trainer representation from all parent specialties.

Applicant units are required to be able to deliver the TIG curriculum and adhere to the quality indicators (QIs). The curriculum can be found on the [ISCP website](#) in the curricula of the most relevant parent Specialties (as mentioned above) and the QIs are listed on the [JCST website](#).

The data included in the form below is an extract of the data submitted by the unit in their application to become a TIG unit.

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***Unit Lead Trainer:***

Name
<b>Mr N Basu &amp; Miss R Waters</b>

***Local Educational Provider (LEP)***

Main hospitals/trusts involved with teaching (base units):

	<b>Hospital/Trust A</b>	<b>Hospital/Trust B</b>	<b>Hospital/Trust C</b>
Name of Trust			
Address of Trust  University Hospital Birmingham NHS Foundation Trust, Mindelsohn Way, Birmingham B15 2TH	Queen Elizabeth Hospital, Birmingham	Good Hope Hospital, Birmingham	Solihull Hospital, Birmingham

Peripheral units (if to be visited by trainee):

	<b>Hospital/Trust N</b>	<b>Hospital/Trust O</b>	<b>Hospital/Trust P</b>
Name of Trust			
Address of Trust  Royal Wolverhampton NHS Trust, 12, Corporate Service Centre, New Cross Hospital NV10 0QP	New Cross Hospital		

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## ***LEP Consultants / Trainers***

Primary Educational Supervisor (may be a trainer): Mr Naren Basu

### **Main Trainer(s) involved with fellowship:**

*A main trainer must undertake more than five programmed activities (PA) in their job plan and they must also be a surgeon primarily in the relevant sub-specialty area and recognised by the GMC as a trainer. At least one trainer from each specialty must have five years full time experience in the NHS.*

List of parent Specialties of main trainers:

Parent Specialty	Number of main trainers from this Specialty
Breast Surgery	2
Plastic Surgery	2

### **Other Trainer(s) involved with fellowship:**

Parent Specialty	Number of other trainers from this Specialty
Breast Surgery	5
Plastic Surgery	3

Any other Specialties who are members of the multidisciplinary team not already mentioned as appropriate to the TIG:

Specialty	Trust A (numbers) - UHB	Trust B (numbers) - RWH	Trust C (numbers)
Medical Oncology	2		
Clinical Oncology	6		
Pathologist	6		
Radiologist	6		
Breast Care Nurse	13		
Geneticist	3		
Psychologist	3		

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### ***Indicative Timetable***

The fellow should be based at the main hospitals/Trusts for most of their educational activity but one session (professional activity) may occur outside these units each week. A trainee may work for 48 hours per week and if there is no on-call, all this time may be used for training.

Below is an indicative timetable that indicates the type of proposed activity and includes supporting professional development (SPD). SPD should be one half day each week. Please note that the timetable must be compatible with the Quality Indicators specific to the relevant TIG. All Quality Indicators may be found online at: <https://www.jcst.org/training-interface-groups/quality-processes/>

### **Types of activity**

Combined outpatient clinic (COC)

Other outpatient clinics (OOC)

Operating theatre (Th)

Multi-disciplinary team meeting (MDT)

Supporting Professional Development (SPD)

Teaching ward round (WR)

Research activities (RA)

Please indicate the activity and the trust, for example, MDT (A) or Th (B).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Th (RWH)	Th (UHB)	Th (UHB)	Th / OOC / WR		OFF	OFF
Afternoon	Th (RWH)	Th (UHB)	MDT Th / OOC	SPD	Oncoplastic MDT SPD/RA	OFF	OFF
Evening	OOC (Private)	OOC (Private)					

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## *Training Delivery*

Please an overview of the Unit's TIG Fellowship Training Delivery plan:

### **Reasons to consider BIRMINGHAM TIG Fellowship:**

- Established TIG Oncoplastic training centre, with over a decade of experience with fellows
- Trainee focused approach – many of the trainers are past TIG fellows
- Part of one of the largest breast units in the country
- Links with International Breast Units – offering a travelling fellowship (e.g. Yale, USA)
- Centre of Excellence offering full range of techniques in the oncoplastic armamentarium
- Centre of Excellence – Research
- Focus on developing Management Skills ahead of Consultant Life
- Access to procedures only offered in the Independent Sector

### **Module 1: Basic Sciences and Breast Assessment**

University Hospital Birmingham is the largest teaching Hospital in the West Midlands (the largest region in the UK). The unit has a long history of research and national clinical trials. The South Birmingham Breast Screening Unit, QEHB Cancer Centre and the region's largest plastic surgery centre are all situated on the same site and next to Birmingham University and medical school. Approximately 1000 breast cancers are treated annually at UHB. New Cross Hospital has a throughput of more than 2500 symptomatic new patients per annum.

There is therefore ample opportunity for our fellows to learn all aspects of breast assessment and the basic sciences and to participate in research and clinical trials. Our previous TIG fellow has secured a travelling fellowship to Yale University with whom we have good links. We would encourage potential candidates to use these opportunities to broaden their surgical experience and learning on an international level

### **Module 2: Benign Breast Conditions**

This includes: Breast pain, nipple discharge, benign breast lumps, abscess and fibrocystic disease. This forms in excess of 90% of the one stop clinic workload both at UHB and New Cross Hospital. The fellows therefore attend clinics and theatre list to learn and manage the full range of these conditions.

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### Module 3: Breast Cancer

There is a history close collaborative working between the breast and plastic surgeons. Combined reconstruction clinics and operating have been running since 1993. Both general and plastic surgeons (including the fellow) attend the main weekly MDT meeting. A fortnightly oncoplastic MDT meeting has been created by previous TIG fellows and is attended by consultants, trainees and CNS from both plastics and breast surgery. It is an excellent learning opportunity as well as a tool for planning breast cancer surgery and reconstructive procedures. This meeting includes audit and our fellows are also able to attend the departments main audit meetings

### Module 4: Implant Breast Reconstruction

The unit performs implant based reconstruction (including ADM/mesh assisted recon) as well as the use of dermal slings and lipomodelling in implant reconstruction. We receive complex referrals for revision surgery from the Region.

### Module 5: Autologous Tissue Based Reconstruction

The unit provides all forms of autologous reconstructions ranging from partial breast reconstruction (volume displacement and volume replacement) to total autologous breast reconstruction. The unit has used free flap reconstruction since 1996 and was one of the first units in the country to offer DIEP reconstruction in 2000. We now have an extensive experience in this. We have several consultant plastic surgeons trained in DIEP surgery and offering this option. We accept referrals from other centres on a regular basis. Other free flap options such as TUG flaps are used as appropriate and LD flaps are also available. Local perforator flaps such as the LICAP are employed for smaller defects. The unit is one of the few units in the UK that performs free vascularised lymph node transfer for the management of lymphoedema. Nipple-areolar tattooing is performed by the Clinical Nurse Specialists who welcome fellows to their clinics.

### Module 6: Aesthetic Surgery of the Breast

Aesthetic surgery of breast is largely related to breast reduction and breast cancer related symmetrisation surgery (due to CCG funding restrictions). The fellow has access to Consultants private operating lists to gain more experience in aesthetic breast surgery. The fellow benefits from our plastic surgery consultants vast experience in this area.