



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.

Leeds Teaching Hospitals NHS Trust, Training Interface Group fellowship post in Oncoplastic Breast Surgery

Unit Lead Trainer:

Name
Raj Achuthan

Local Educational Provider (LEP)

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

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust	Leeds Teaching Hospitals NHS Trust	Leeds Teaching Hospitals NHS Trust	
Address of Trust	St James's University Hospital Leeds LS9 7TF	Leeds General Infirmary Leeds LS1 3EX	

Peripheral units (if to be visited by trainee):

	Hospital/Trust N	Hospital/Trust O	Hospital/Trust P
Name of Trust			
Address of Trust			

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LEP Consultants / Trainers

Primary Educational Supervisor (may be a trainer): Raj Achuthan

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	3
Plastic Surgery	1

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Clinical Oncology	1
Radiology	1
Histopathology	1
Breast Surgery	2

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

Specialty	Trust A (numbers)	Trust B (numbers)	Trust C (numbers)
Breast Surgery	2		
Clinical Oncology	2		
Medical oncology	4		
Histopathology	4		
Breast Radiology	5		
Breast Care Nurses	5		
Breast Research Nurses	4		
Family History Nurse specialist	1		

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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 (A)	MDT (A)/Th (B) Alt week	TH (A)/COC (A) Alt week	TH (A)	COC (A)/Th (A) Alt week		
Afternoon	SPD (A)	Th (B)	Th(A)	OOC (A)	RA (A)/Th (A) Alt week		

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Training Delivery

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

Module 1: Basic Sciences and Breast Assessment: The trainee has excellent opportunities to improve and refine their breast assessment techniques from a pool of over 10,000 new referrals annually from symptomatic and breast screening. We have dedicated clinics for new patients, for reconstruction and oncoplastic clinics, family history clinics for BRCA positive and high risk. In addition our twice weekly breast MDTs and monthly audits offer the chance to have discussions on oncoplastic surgery, tumour biology, histology, radiology, gene testing, newer interventions, trials and complex cases. We have a Vectra 3D scanner in the Breast Unit for 3D analysis and planning, particularly useful for oncoplastic procedures, aesthetic work and breast reconstructions.

Module 2: Benign Breast Conditions: OPD and MDT for diagnosing and assessing benign and borderline breast pathologies. Discussions at audit meeting of topics such as B3 lesions, Phyllodes tumours, breast sepsis management etc.

Module 3: Breast Cancer: Over 600 new cancers treated annually. All cancers have a detailed MDT discussion. Very active trial recruitment offering the chance to stay current with the newer interventions both surgical and oncological. Also regional sarcoma referral centre and breast angiosarcomas managed in the Unit. Monthly journal club, presentations at the monthly audits, regional oncoplastic meetings etc help keep up to date with developments. Monthly audit meeting has a session for oncoplastic case discussions.

Module 4: Implant Breast Reconstruction: Both immediate and delayed implant based reconstructions performed. Extensive experience of ADM assisted reconstructions. LD-implant, inferior dermal sling-implant reconstructions additionally performed. Monthly oncoplastic meeting to discuss challenging cases.

Module 5: Autologous Tissue Based Reconstruction The Unit offers free flap reconstructions, primarily DIEP. Autologous LD reconstructions additionally performed. Local flaps ie LICAP surgery done for partial breast reconstruction.

Module 6: Aesthetic Surgery of the Breast: Bilateral breast reductions for macromastia, symmetrisation surgery, gynecomastia surgery and correction of congenital asymmetry performed in the Unit. There are also opportunities for the trainee to have experience and exposure to procedures in the private sector such as augmentations, mastopexies etc.