



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.

Nottingham University Hospitals NHS Trust, Training Interface Group fellowship post in Oncoplastic Breast Surgery

Unit Lead Trainer:

Name
MR TUABIN RASHEED

Local Educational Provider (LEP)

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

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust			
Address of Trust	NOTTINGHAM BREAST INSTITUTE NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST CITY CAMPUS NG5 1PB		

Peripheral units (if to be visited by trainee):

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

LEP Consultants / Trainers

Primary Educational Supervisors (may be a trainer):

Nottingham University Hospitals NHS Trust, Training Interface Group fellowship post in Oncoplastic Breast Surgery

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	6
Plastic Surgery	5

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Radiology	6
Pathology	5
Oncology	5

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)
Nurse Specialist	16		

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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	MDT OOC / WR	Th / OOC	Th / OOC	COC / Th		
Afternoon	Th	OOC / Th private adhoc	Th / RA	Th / OOC	SPD/ Th		
Evening		COC ¼ FH clinic					

Training Delivery

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

Module 1: Basic Sciences and Breast Assessment

The service sees around 7500 referrals a year and diagnose around 750-800 new cases of breast cancer a year. With separate Male, Family history and Nonsurgical management clinics. Due to the number of patients that are seen, diagnosed and treated by the MDT, four MDT meetings take place every week: two diagnostic MDTs which discuss all newly diagnosed breast cancers, a post-operative and non-diagnostic results MDT and an advanced breast cancer MDT. Oncoplastic Reconstructive MDT every Friday. Each MDT meeting is followed by clinic. The Breast Institute is an internationally recognised centre for research and is the Breast Education centre providing training and education for professionals that work within breast services nationally. Radiographic and radiologic courses are held in collaboration with Birmingham City University. Monthly M&M and training days. Teaching ward rounds.

Module 2: Benign Breast Conditions

A wide variety of benign cases are seen and managed through symptomatic clinics which all trainees rotate through.

Module 3: Breast Cancer

As above both symptomatic and screen patients are managed through the MDTs. Trainees learn at assessments with audit of their assessment. With both surgical and non-surgical management of breast cancer. We have a vast experience of therapeutic mammoplasties which benefit the trainee to see different techniques.

Module 4: Implant Breast Reconstruction

With a large number reconstructive procedures and performed in the Nottingham unit allowing trainees to experience different techniques both in Primary DTI, prepectoral and TE reconstructions, as well and delayed implant reconstruction.

Module 5: Autologous Tissue Based Reconstruction

A wide spectrum of autologous reconstructions and performed including local perforator (LICAP, LTAP, MICAP & T-DAP) flaps. Pedicle LD and free flaps (DIEP/TRAM, TUG, I-GAP) reconstructions. With adequate exposure for them to leave be competent by the end of their training. We have access to two Body jet and the disposable pur graft kits for fat transfer.

Module 6: Aesthetic Surgery of the Breast

We have a large case load for symmetrisation procedures including Breast reduction, Augmentation & Mastopexy for post reconstruction patients as well as patients referred for BBR and breast asymmetry. Trainees also have access to adhoc clinics & theatres in the private hospitals.