

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 <u>JCST</u>.

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 ICST 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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Name	
Avi Agrawal	

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	Portsmouth Hospitals NHS Trust		
	Cosham		
	Portsmouth		
	PO6 3LY		

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 Supervisor (may be a trainer):

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 subspecialty 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	5		
Plastic Surgery	3		

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Medical Oncology	2
Clinical Oncology	2
Radiology	1
Pathology	1
Consultant Nurse	1
Clinical Genetics	1

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 Care Nursing	7		

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	Plastic Th or	SPD or	Oncoplastic or	OOC or	Oncoplastic Th		
	OOC	OOC	Plastic Th	Oncoplastic Th			
Afternoon	Plastic Th or	COC	Oncoplastic or	MDT	Oncoplastic Th		
	SPD		Plastic Th	coc			
Evening							

Training Delivery

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

Module 1: Basic Sciences and Breast Assessment

Regular Local Educational Meetings. Teaching sessions. Supervised assessments in clinic. Very high throughput of patients with approximately 700 breast cancer cases annually. Opportunity in being involved in all aspects of triple assessment, including radiology and pathology.

Module 2: Benign Breast Conditions

Supervised operating of benign breast conditions including palpable and non palpable lesions and operations around the nipple. Opportunity in full involvement with radiology and pathology team. Benign cases are also discussed in MDT meetings.

Module 3: Breast Cancer

Accredited Screening Centre. Regular family history clinics with access to regional Genetics Centre. Full access to medical oncology and radiotherapy clinics and practice. Fully supervised and independent operating in standard breast, oncoplastic and reconstructive techniques. Experience of molecular based Intra-operative Analysis of Sentinel Nodes.

Module 4: Implant Breast Reconstruction

Highest number of immediate reconstructions carried out in screening network. Supervised assessments of fellow in reconstruction cases. Full implant bank available in theatres including sizers and expanders. Fully supervised and independent operating of implant reconstruction. Regular teaching and discussions.