Royal Marsden NHS Foundation Trust *and* Royal Brompton Hospital, 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
Nicola Roche

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	The Royal Marsden NHS Trust Fulham Road London SW3 6JJ	The Royal Marsden NHS Trust Sutton Surrey SM2 5PT	The Royal Brompton Hospital

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): Miss Nicola Roche

Main Trainer(s) involved with fellowship:

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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 / General	6
Plastics	4/5

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty

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)

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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	Journal Club Second opinion clinic	Theatre	Oncoplastic MDM/ research meeting Theatre COC (plastics/breast)	Theatre	Oncology MDM Academic Breast meeting OC	Opportunity for assisting privately	
Afternoon	RA Opportunity to assist in private sector	Theatre or OC	Theatre or post op clinic	Theatre	SPD		

Evening							

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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
8 triple assessment clinics across sites each week. Full access to all routine breast imaging: tomosynthesis, MRI guided biopsy. X 2 "M3" imaging meetings to discuss abnormal imaging of cases not on oncology MDM.

Module 2: Benign Breast Conditions
As a cancer hospital there is minimal benign breast surgery, most benign breast conditions are managed non-surgically. Large volume risk reduction service provider for BRCA carriers. Benign breast surgery performed in context of symmetrising surgery.

Module 3: Breast Cancer
Large 2nd opinion practice which often present complex cancer management problems. Weekly breast cancer journal club, weekly breast unit academic meetings, weekly oncology MDM, twice monthly oncoplastic MDM, monthly trial meetings. 3 all day operating oncological lists in Chelsea with additional option to go to Sutton. Neoadjuvant chemotherapy and de-escalation of surgery to breast and axilla unit priorities. Targeted axillary dissection for node positive disease. Large trial portfolio including window studies and neo-adjuvant radiotherapy study (PRADA)

Module 4: Implant Breast Reconstruction
Oncoplastic MDM. High reconstruction rate (60-70%). Pre and post pectoral implant reconstruction with ADM. Large risk reduction practice so ample opportunity to operate on bilateral cases alongside consultant. Participation in trainee collaborative audits (iBRA2).

Module 5: Autologous Tissue Based Reconstruction
TIG fellow works closely alongside plastics department. Opportunity to perform 2-3 skin/ nipple sparing a week. Trainee has opportunity to gain level 2 experience in in-setting of flaps

Module 6: Aesthetic Surgery of the Breast
Therapeutic mammoplasty, symmetrising surgery, lipo-filling / modelling and nipple reconstruction commonly performed. The RMH TIG fellow has links with external breast and plastic surgeons and has opportunity to work with them in private sector doing aesthetic surgery. Also included gynaecomastia, correction of congenital deformities and complex revisional implant surgery.