Barts Health NHS 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.

Unit Lead Trainer:

Name
Miss Jennifer Hu

Local Educational Provider (LEP)

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

	Hospital/Trust A	**Hospital/Trust B**	**Hospital/Trust C**
Name of Trust	Barts Health NHS Trust	Barts Health NHS Trust	
Address of Trust	St Bartholomew's Hospital West Smithfield London EC1A 7BE	The Royal London Hospital Whitechapel Road London E1 1BB	

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 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 (previous TIG fellows)	3
Plastic Surgery (one previous TIG fellow)	2

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Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Medical Oncology	2
Clinical Oncology	1
Histopathology	1
Radiology	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)
Family History Specialist	1		
Geneticist	1		

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) / Plastics Th (B)	Th (B)	COC (A) / Plastics Th (B)		
Afternoon	Th (A)	Th /(Oncoplastic OOC) (A)	RA	Oncoplastic MDM / OOC (A) (Plastics)	SPD		
Evening	Th (A)	Th (A)					

Training Delivery

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

Module 1: Basic Sciences and Breast Assessment

As a tertiary treatment centre, we receive a large number of referrals under the two-week wait, choose and book referral scheme. In 2016-2017, a total of 4246 patients were seen in one-stop breast clinic and 423 patients were diagnosed with cancer through this symptomatic service. All outpatient clinics are consultant-led with ample opportunity for training and supervision. The unit runs three one-stop breast rapid diagnostic clinics per week (Monday, Tuesday and Thursday mornings). There are four combined clinics a week (run in parallel with the oncology clinic providing excellent on-the-spot access to consultant medical and clinical oncologists) to facilitate the collaborative discussion of results and management strategies in a timely manner.

There are several exciting research projects that are currently undergoing ethics approval which the TIG fellow, if successful, would have every opportunity to be an integral part of. Furthermore, several service improvement initiatives are underway which could support the leadership course offered alongside the TIG fellowship in preparation for Consultant practice.

Module 2: Benign Breast Conditions

Many patients seen in through one-stop clinic have a benign abnormality in the breast. These patients are managed through a weekly Benign MDM to streamline patients without cancer who can be reassured or receive appropriate intervention as required. This is led by a consultant surgeon supported by a consultant radiologist, a breast CNS and a specific MDM Coordinator. This is an excellent opportunity for the TIG fellow to run the benign MDM under consultant supervision in preparation to take a greater role in main MDM as experience and confidence in decision making matures.

Those patients with benign breast conditions that require surgery have dedicated fortnightly theatre lists which the fellow will expected to attend – both to operate independently (with appropriate level of supervision as required) and also to supervise the more junior trainees (if appropriate).

Module 3: Breast Cancer

Breast surgery at St. Bartholomew's Hospital alone has been increasing year on year. During 2016, the breast unit performed almost 800 procedures with over 77% of cases performed as day cases and breast cancer surgery accounting for 79% of the surgical work load. We are also home to the Central and East

London Breast Screening Programme managing 4-8 new screen detected breast cancers each week. Patients are managed with a range of suitable Oncoplastic procedures ranging from simple wide local excision through to mammoplasty and Grisotti flaps when required. There is ample supervised opportunity to assess and treat breast cancer patients that come through the screening and symptomatic service alike.

We are fortunate enough to have our own family history centre which covers both North and Central London. It is managed by a surgical consultant with an interest in family history but is supported by a visiting Professor in Genetics from Great Ormond Street Hospital who holds clinics to assess high risk patients – both with and without a personal history of cancer. The fellow would be encouraged to attend both of these clinics during the fellowship as this is a unique opportunity with only a handful of similar specialist clinics remaining in the UK.

Module 4: Implant Breast Reconstruction

The St. Bartholomew's Breast Unit is a Level 3 Oncoplastic Breast Centre as defined by the Association of Breast Surgery (ABS). It is also a tertiary referral unit for complex and revisional Oncoplastic and reconstructive breast surgery. Just over a quarter of patients require a mastectomy and the immediate reconstruction rate is 34%. As is the case nationwide, the majority of patients opt for implant based reconstruction using both fixed volume and expander devices, dermal slings, ADMs and TiLoop. The variety of adjuncts used by the different surgeons gives a potential Fellow the chance to develop skills in the full range of implant reconstructions available today.

The fellow would be responsible for preparing and running the monthly Oncoplastic MDM to discuss particularly complex or revisional reconstructive cases. This is a collaborative, supportive learning environment, which ensures that all complex reconstruction including salvage and second opinion cases benefit from the wide range of expertise offered across the department and different professional perspectives.

To augment the family history unit, the team participate in the quarterly Risk Reducing Mastectomy (RRM) MDM for Central and East London. This specialist meeting brings together all breast units in the region to discuss those patients who are requesting risk reducing mastectomies. It is a truly multi-disciplinary meeting attended by surgeons, geneticists, psychologist and the breast CNS team and is crucial to ensure all women undergoing risk-reducing surgery are fully prepared and equipped to deal with this life-changing decision.

Module 5: Autologous Tissue Based Reconstruction

Autologous LD flaps are used for primary reconstruction and also resurfacing in suitable patients. The DIEP is the most commonly used free flap and the plastic surgical team offer free flap reconstruction to all units within Barts Health NHS Trust with regular DIEP lists every Wednesday and Fridays.

Occasionally patients may require alternative free flaps and we are able to offer the full range of options to include TUG and SGAP if required.

Module 6: Aesthetic Surgery of the Breast

Whilst revisional reconstructive work may not be considered 'aesthetic surgery' by many, it makes up a significant part of our practice – supporting the survivorship programme and getting the best aesthetic outcome for patients having been previously treated for breast disease. Such cases will be discussed at the Oncoplastic MDM and may be managed by capsulectomy / pocket revision and implant exchange, lipo-filling, liposuction and scar revision as required.

Furthermore, there is plenty of opportunity for symmetrising surgery in patients previously treated for contralateral breast disease and experience can be gained in symmetrising mammoplasty and symmetrising augmentation. We also offer reduction mammoplasty in NHS funded patients, surgery and liposuction for gynecomastia (including in adolescents) and there will be opportunity to attend private clinics for aesthetic and cosmetic training.