



## ***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.

Manchester University NHS Foundation Trust, Training Interface Group fellowship post in Oncoplastic Breast Surgery

***Unit Lead Trainer:***

Name
Mr Richard Johnson

***Local Educational Provider (LEP)***

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

	<b>Hospital/Trust A</b>	<b>Hospital/Trust B</b>	<b>Hospital/Trust C</b>
Name of Trust	Manchester University NHS Foundation Trust		
Address of Trust	Nightingale Centre Wythenshawe Hospital Southmoor Road Manchester M23 9LT		

Peripheral units (if to be visited by trainee):

	<b>Hospital/Trust N</b>	<b>Hospital/Trust O</b>	<b>Hospital/Trust P</b>
Name of Trust			
Address of Trust			

***LEP Consultants / Trainers***

Primary Educational Supervisor (may be a trainer): Mr Richard Johnson

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### **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	5
Plastic Surgery	3

### **Other Trainer(s) involved with fellowship:**

Parent Specialty	Number of other trainers from this Specialty
Breast Surgery	3
Radiology	1
Oncology	2
Radiology	1

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

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Specialty	Trust A (numbers)	Trust B (numbers)	Trust C (numbers)
Breast Surgery	2		

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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).

The TIG Oncoplastic Breast Fellow is supernumerary. The timetable is completely flexible and designed according to the needs of the trainee, with time spent in both the Breast and Plastic Surgery departments.

In addition to the weekly plenary MDT, we run daily pre-clinic MDTs. There is a weekly oncoplastic MDT attended by Breast and Plastic Surgeons and a monthly family history MDT attended by a Geneticist, Oncologist, Psychologist and Surgeons.

One-stop and follow up clinics provide ample opportunity to see new and follow up patients. There are weekly joint oncoplastic clinics attended by Breast and Plastic Surgeons for patients requiring more complex breast reconstruction or revisional surgery. There are also regular joint clinics dedicated to patients with developmental breast problems.

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The fellow will be supported in gaining the skills in the full range of oncoplastic procedures. This includes implant based reconstruction, therapeutic mammoplasty, local chest wall perforator flaps and autologous techniques (LD and DIEP flap). There is also opportunity to develop skills in mastopexy, reduction and augmentation for symmetrisation or developmental breast problems. The Fellow is encouraged to assist Consultants in the private sector within the weekly timetable to gain experience in aesthetic breast surgery.

In addition to the above the fellow will be expected to undertake ward rounds and participate in teaching. There is no on call commitment. The fellow will be expected to participate in audit and research.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	OOO (One Stop)	Th	Th/OOO	SPD/RA	Th/ COC (Family History – 3 monthly)		
Afternoon	MDT (Plenary)	Th/ Th (Private Aesthetic)	Th/OOO	MDT (Oncoplastic) COC (Oncoplastic)	Th/ COC (Family History – 3 monthly)		
Evening			RA (Research meeting once/month)	MDT (Family History once/month)			

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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

One-stop and follow up clinics provide ample opportunity to see new and follow up patients. 9,500 new patients were seen last year, including patients with screen detected (450/year) and symptomatic cancers (500/year). In addition to a weekly plenary MDT we run daily pre-clinic MDTs attended by surgeons, radiologists, oncologist, pathologists and the whole Nightingale team.

The unit has a thriving radiology team with access to digital mammography; tomosynthesis; vacuum assisted biopsy; breast MRI and MRI guided biopsy.

There is access to a large family history clinic and MDT, which provides an excellent learning opportunity on the set up of a high quality family history service.

### Module 2: Benign Breast Conditions

One-stop and follow up clinic provide ample opportunity to see new and follow up patients. A large number of these will have benign breast conditions; many are managed in clinic by the radiology team and others in theatre.

### Module 3: Breast Cancer

The fellow will be supported and mentored to develop the full range of skills in oncoplastic breast surgery. In addition to a weekly plenary MDT we run daily pre-clinic MDTs attended by surgeons, radiologists, oncologist, pathologists and the whole Nightingale team.

We are committed to development of the individual and will ensure that the timetable is tailored to the trainee's needs and flexible. Having previously

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trained several national and local Fellows from a plastic surgery background, we have had good feedback on the training and support we can provide in term of breast assessment and oncology.

There is an ample caseload to satisfy the indicative numbers for breast oncological surgery. In addition, we have one of the largest reconstructive practices in the UK and perform the full range of oncoplastic procedures including therapeutic mammoplasty, local chest wall perforator flaps and implant reconstruction on a regular basis.

### Module 4: Implant Breast Reconstruction

We offer the full range of implant based breast reconstruction. This includes two-stage with tissue expander, direct to implant, use of acellular dermal matrix and pre and post pectoral techniques. We perform a large volume of ADM assisted breast reconstruction with a low rate of complications. We were one of the first units to perform pre-pectoral breast reconstruction and have the largest series in the UK. We have a fully stocked bank of implants and acellular dermal matrices. We also have experience in the use of polyurethane implants when appropriate.

In addition to patients with breast cancer, we offer risk reducing surgery and implant/autologous reconstruction to a large number of patients assessed in the family history clinic.

Along with the large volume of bilateral risk reducing mastectomies and reconstruction, we try to accomplish reconstruction and symmetrisation in a single procedure when appropriate. As a result, bilateral surgery is common and offers an excellent learning opportunity for the Fellow.

### Module 5: Autologous Tissue Based Reconstruction

In conjunction with the Plastic Surgeons, we offer the full range of autologous reconstruction. This includes latissimus dorsi flap (including extended fully autologous LD with immediate lipofilling), DIEP/TRAM/SIEA free flap and TUG flaps when indicated. The oncoplastic MDT/clinic provides the opportunity to refer and assess patients with both Breast and Plastic Surgeons present.



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### Module 6: Aesthetic Surgery of the Breast

The fellow will be supported in developing skills including mastopexy, reduction, augmentation and lipofilling used for symmetrisation or to address developmental breast problems. In addition, the fellow is encouraged to assist Consultants in the private sector during the weekly timetable to gain further experience in patient assessment and aesthetic breast surgery.

The fellow will work closely with the Plastic Surgeons that sub-specialise in breast reconstruction. The oncoplastic MDT/clinic and developmental clinic provide an excellent opportunity to assess and manage more challenging cases. We offer a tertiary referral service for patients requiring complex revisional surgery.