Hospital Application Form: Recognition to host a Training Interface Group fellowship post in Oncoplastic Breast Surgery

Introduction

The fellowship programme is run through the Joint Committee of Surgical Training (JCST). The following Speciality Advisory Committees (SAC) are involved:

- General Surgery
- Plastic Surgery

Fellowship posts are open to higher surgical trainees in those disciplines listed above 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.

This form relates to all specialties involved in the training programme and should be completed by the lead surgeon with assistance from representatives from each specialty. Successful units will have approval granted for a period of three years, but should inform the JCST of any major changes to the unit that take place during that time. It is intended that a redacted version of the completed form for all units successful in appointing a fellow will be published on the JCST website.

Applicant units are required to adhere to the quality indicators (QIs). Please note that from August 2018 any unit appointing a fellow will be expected to take part in the relevant round of fellowship recruitment.

Applicants should be aware that any expenses incurred should they be invited to any meetings to present/meet with the Training Interface Group must be met by the applying Trust(s)/Board(s) or the local Deanery/LETB.

This form should be completed and submitted electronically to interface@jcst.org

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Details of Lead Trainer

Name:
S R Kohlhardt

Address:
Department of Breast and Plastic Surgery
Sheffield Teaching Hospital NHS Foundation Trust
Royal Hallamshire Hospital
c/o 4 Claremont Place
Sheffield
South Yorkshire
S10 2JF

Telephone: 0114 2712829

Email: (personal) stan.kohlhardt@sth.nhs.uk (business co-ordinator) madeleine.berry@sth.nhs.uk

GMC trainer recognition date: 13 May 2016

I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.

Signature Date: 01 November 2017

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Local Educational Provider (LEP)

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

	Hospital/Trust A	**Hospital/Trust B**	**Hospital/Trust C**
Name of Trust	Sheffield Teaching Hospitals		
Address of Trust	Sheffield Teaching Hospital NHS Foundation Trust c/o Royal Hallamshire Hospital Glossop Road Sheffield S10 2JF		
Contact + Telephone	0114 271 1900		
Approved for training in: *List specialties for which unit has approval to train*	All ISCP Specialities, including those relevant to Oncoplastic Breast Surgery. General Surgery Plastic and Reconstructive Surgery Oncoplastic Breast Surgery Reconstructive & Aesthetic Surgery		

Peripheral units (if to be visited by trainee):

	Hospital/Trust N	**Hospital/Trust O**	**Hospital/Trust P**
Name of Trust	Chesterfield and North Derbyshire		
Address of Trust	Chesterfield Royal Hospital NHS Foundation Trust Calow		

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	Chesterfield Derbyshire S44 5BL		
Contact + Telephone	Tel: 01246 277271		
Approved for training in: *List Specialties for which unit has approval to train*	Oncoplastic Breast Surgery		

Provide the approximate local population served by the unit(s):

Sheffield Teaching Hospital Hospitals NHS Foundation Trust: 640,000
Chesterfield Royal Hospital NHS Foundation Trust: 400,000

Hospital/Trust Medical Director or Chief Executive

Please complete a separate form for each applying Hospital/Trust. This page must be printed and signed and either scanned and emailed or posted along with the electronic form submission.

Hospital/Trust Medical Director or Chief Executive

Please complete a separate form for each applying Hospital/Trust. This page must be printed and signed and either scanned and emailed or posted along with the electronic form submission.

I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below. I confirm that this unit is prepared to be exposed to scrutiny as part of the application process and to provide the top up salary in accordance with Government Health Departments.

Name of Hospital/Trust: Sheffield Teaching Hospital NHS Foundation Trust

Print name of Medical Director / Chief Executive: **Dr David Throssell / Sir Andrew Cash**

Signature ..... **Date:** 10/11/17.

Select: Medical Director / ~~Chief Executive~~

I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below. I confirm that this unit is prepared to be exposed to scrutiny as part of the application process and to provide the top up salary in accordance with Government Health Departments.

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Deanery/LETB Responsible for fellowship post:

This page must be printed and signed by each party listed below and either scanned and emailed or posted along with the electronic form submission.

Name of Deanery/LETB:
Health Education England in Yorkshire and the Humber

Address of Deanery/LETB:

West Yorkshire Office
University of Leeds
Willow Terrace Road,
University of Leeds,
Leeds. LS2 9JT

Contact telephone number: 0113 8871688

I confirm that, should this application be successful, the Interface Fellow can be incorporated within this Deanery/LETB's current Maximum Training Capacity (MTC).

Print name of Business Manager: Nick Sowerby

Signature ..... Date: 06/11/2017

Select: **Jon Hossain MSc (Hons) PG Cert (Clin Ed) DIC FRCS(Eng) FRCS(Gen)**
Deputy Postgraduate Dean
Consultant Vascular Surgeon

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Training Programme Directors (TPDs):

'I can confirm approval for the establishment of this post and that it will not have a negative impact upon the training of the current surgical trainees on the programme'

General Surgery: Name: Mr Nandan Haldipur (nandan.haldipur@dbh.nhs.uk) Signature Date

Plastic Surgery: Name: Mr Ian Smith (ianm.smith@nhs.net) Signature Date 6/11/17

Training Programme Directors (TPDs):

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'I can confirm approval for the establishment of this post and that it will not have a negative impact upon the training of the current surgical trainees on the programme'

General Surgery: Name: Mr Nandan Haldipur (nandan.haldipur@dbh.nhs.uk) Signature
Date 10/11/2017

Plastic Surgery: Name: Mr Ian Smith (ianm.smith@nhs.net) Signature
Date

LEP Consultants / Trainers

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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.

This list must include trainers from all parent specialties.

Name	Parent specialty	# PA's	Recognised by the GMC as an AES?	Recognised by the GMC as a Clinical Supervisor?	Year of Appointment to unit	Specialist Association membership status	Year joined specialist association
S R Kohlhardt	Breast Surgery	≥ 10	Yes	Yes	1996	Yes	1997
L Maraqa	Breast Surgery	≥ 10	Yes	Yes	2015	Yes	2012
S Hadad	Breast Surgery	≥ 10	Yes	Yes	2017	Yes	2014
V Fung	Plastic Surgery	≥ 10	Yes	Yes	2017	Yes	2009
D Dujon	Plastic Surgery	≥ 10	No	Yes	1999	No	N/A
Mr A Morritt	Plastic Surgery	≥ 10	Yes	Yes	2015	Yes	2017
Mr M Brotherston	Plastic Surgery	≥ 10	No	Yes	1996	Yes	1987
Mr D Ralston	Plastic Surgery	≥ 10	Yes	Yes	2001	Yes	1997
Mr D Lam	Plastic Surgery	≥ 8	Yes	Yes	2007	Yes	2007
Mr C Caddy	Plastic	≥ 10	Yes	Yes	1993	Yes	1991

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	Surgery						

Have all the main trainers attended TtT, TaiP or a Deanery/LETB approved Educational Supervisors course? Yes

Are all the main trainers registered with the ISCP website? Yes

Other Trainer(s) involved with fellowship:
For example Clinical Oncologists

Name	**Specialty and Subspecialty**
I Azmy	Oncoplastic Breast Surgery
N Al-Shurbasi	Oncoplastic Breast Surgery
M C Winter	Medical Oncology, Oncology Trialist
C Wilson	Medical Oncology, Oncology Trialist
O P Purohit	Clinical Oncology, Oncology and
O Hatsiopoulou	Radiology
C Ingram	Radiology
R Al-Mahmoud	Radiology
P Somarajan	Radiology
C Mills	GPCA, Family History Program (Lead)
S Crawford	GPCA, Fast Track Assessment, Oncology
E Wright	GPCA, Family History, Fast Track
A Holmes	CNS Breast
F Armitage	CNS Breast
A Oakley	CNS Breast
L Dowde	CNS Breast
K Millard	CNS Breast
T Bradford	CNS Breast
T Pole	CNS Breast Reconstruction

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List all members of the relevant MDT

Expected members: Surgeons, radiologists, oncologists/radiotherapists, pathologists, clinical nurse specialists.

If members are not included please indicate what method is used to ensure input to the management of each patient.

Surgeons	Position	Breast MDTM	Breast Oncoplastic MDTM
Mr S R Kohlhardt	Consultant Breast Surgeon	✓	✓
Mr L Maraqa	Consultant Breast Surgeon	✓	✓
Mr S Hadad	Consultant Breast Surgeon	✓	✓
Ms N Al-Shurbasi	Associate Specialist Breast	✓	✓
Ms V Fung	Consultant Plastic Surgeon	✓	✓
Mr A Morritt	Consultant Plastic Surgeon		✓
Mr C Caddy	Consultant Plastic Surgeon		✓
Oncologists	Position		
Dr O P Purohit	Consultant Clinical Oncologist	✓	
Dr M Winter	Consultant Medical	✓	
Dr C Wilson	Consultant Medical	✓	
Prof J Brown	Consultant Medical	✓	
Dr M Vasilakopoulou	Consultant Oncologist	✓	
Radiologists	Position		
Dr C Ingram	Consultant Radiologist	✓	

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Dr O Hatsiopoulou	Consultant Radiologist	✓	
Dr R Al-Mahmoud	Consultant Radiologist	✓	
Dr P Somarajan	Consultant Radiologist	✓	
Dr S Howells	Radiology SPR	✓	
Histopathologists	Position	✓	
Prof T J Stephenson	Consultant Histopathologist	✓	
Prof S S Cross	Consultant Histopathologist	✓	
Dr A Dube	Consultant Histopathologist	✓	
Dr P Vergani	Consultant Histopathologist	✓	
Breast Clinicians	Position		
Dr S Crawford	Breast Clinician	✓	✓
Dr E Wright	Breast Clinician	✓	✓
Dr C Mills	Breast Clinician	✓	✓
Nurse Specialists	Position		
Sr A Holmes	Clinical Nurse Specialist	✓	✓
Sr F Armitage	Clinical Nurse Specialist	✓	✓
Sr A Oakley	Clinical Nurse Specialist	✓	✓
Sr L Dowde	Clinical Nurse Specialist	✓	✓
Sr K Millard	Clinical Nurse Specialist	✓	✓
Sr T Bradford	Clinical Nurse Specialist	✓	✓
Sr L McCabe	Research Nurse	✓	
Sn Y Thompson	Research Nurse	✓	
Film Reader Radiographer	Position		
Cath Jones	Radiographer/Advanced	✓	
Ruth Priestley	Radiographer/Advanced	✓	
Jan Thorpe	Radiographer/Advanced	✓	

Sarah Waters	Radiographer/Advanced	✓	
MDT Facilitator	Position		
Debra Troughton	MDT Co-Ordinator	✓	
Clair Liddell	Breast Patient Tracker	✓	
Helen Moody	MDT Co-Ordinator (Cover)	✓	

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 and if there is no on-call, all this time may be used for training.

Please provide 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).

Proposed Weekly Timetable for Fellow

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	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Breast (SRK) or Plastics (DGD/AM/VF) **Th**eatre Or mix/match	Breast **Th**eatre (NAS or VF or SRK)	Plastics **Th**eatre (DGL) or **MDT** RHH **Oncoplastic MDT**	Breast (NAS) or Plastics **Th**eatre (AM/VF) or mix/match	**COC** Fast Track Assessment Clinic or Breast **Th**eatre (SH/LM)
PM	Breast (SRK) or Plastics (DGD/AM/VF) **Th**eatre Or mix/match	**MDT** Chesterfield Or Breast **Th**eatre (NAS or SRK or VF) Or **OOC** Plastics Clinic (DGL)	Plastics **Th**eatre (DGL) Or **OOC** Plastics Clinic (CMC) **COC / OOC** (VF/LM/SH/NAS/SRK/ CC) Or **SPD / RA**	**MDT** Chesterfield Or Breast (NAS) or Plastics **Th**eatre (AM/VF) or mix/match Or **COC** Or Reconstruction Clinic (SRK/AM/VF) Or **OOC** Breast Clinic (LM/SH/SRK)	Breast **Th**eatre (SH/LM) Or **SPD / RA** Or **OOC** Breast Clinic (SRK)

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Other opportunities	Chesterfield Oncoplastic **Th**eatre (IA) **COC** Reconstruction Clinic (IA / DGD)		Chesterfield Oncoplastic **Th**eatre (IA)		Anaplastology / Tattooing Clinic

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Trainee Numbers

Breast and Plastic Surgery Directorate (General)

The number of Foundation level and Core level trainees: 3 X F1, 6 Core Trainees

The number of Specialty Registrars (StRs) with NTNs: Breast 1.0, Plastics (8.0)

The number of Trust Grades/LAS/LAT/Other Fellows: Breast (1.0), Plastics (2.0) Hand (1.0)

The number of ACF/ACL and Less than full time trainees: Nil

The ratio of Consultants to Middle Grades: 20 Consultants : 13 Middle Grades

Breast Oncoplastic Surgery (Specific)

The number of Foundation level and Core level trainees: 1.0 X F1, 0.5 Core Trainee

The number of Specialty Registrars (StRs) with NTNs: Breast 1.0, Plastics 1.0

The number of Trust Grades/LAS/LAT/Other Fellows: 1.0

The number of ACF/ACL and Less than full time trainees: Nil

The ratio of Consultants to Middle Grades: 11.0 : 3.0

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Surgical workload

Provide the number of the below procedures carried out during the last NHS year (1st April-31st March) within the six Oncoplastic Breast Surgery TIG curriculum modules:

Module 1: Basic Sciences and Breast Assessment
Module 2: Benign Breast Conditions
Module 3: Breast Cancer
Module 4: Implant Breast Reconstruction
Module 5: Autologous Tissue Based Reconstruction
Module 6: Aesthetic Surgery of the Breast

Module 1	No.
Free hand cyst/abscess drainage	10
Free-hand lesion FNA	0

Module 2	No.
Breast lump excision (palpable)	40
Wire/image guided excision of lesion	5

Module 3	No.
BREAST CONSERVATION	
Palpable	180
Impalpable and wire/image guided (localised)	120
Oncoplastic - volume replacement techniques local flaps, Mini LD, etc.	8

Module 4	No.
Preoperative marking of patient	relevantAll
Orient devices and prepare appropriately	relevantAll

Module 5	No.
Preoperative marking up of patient	relevantAll
Raising and insetting free or pedicled autologous TRAM/DIEP flap	50

Module 6	No.
Designing and conduction of excision of skin lesions of the breast	40
Undertaking an aesthetic approach to removal of benign lesions of the breast	85

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Free-hand core biopsy	20	Microdochectomy	6	Oncoplastic - volume displacement techniques eg Breast re-coning	cases Almost all breast conservation	Minimising infection: antibiotics, drains, changing gloves, laminar theatres, etc.	relevantAll	Raising and insetting pedicled autologous LD flap	25	Scar revision in aesthetic breast surgery	50
Punch biopsy of skin/nipple	25	Major duct excision	35	Therapeutic Mammoplasty	22	Creation and closure of sub-pectoral pocket, including total sub-muscular cover	24	Microvascular anastomoses	150	Correction of the inverted nipple (various techniques)	20
U/S guided lesion FNA	0	Fistulectomy	10	Others (eg Grisotti, round block, etc.)	22	Two stage reconstruction using TEX and subsequent exchange for FVI	<10	Flap salvage for failing flaps	< 5	Bilateral breast augmentation by various routes, in various planes	10
U/S guided core biopsy	400	Nipple eversion	20	MASTECTOMY Simple Modified Radical Skin sparing - nipple preserving Skin sparing - nipple sacrificed Skin reducing	65	Single staged reconstruction using FVI and dermal xenograft sling	40	Flap shaping techniques	75	Wise pattern bilateral breast reduction	15
U/S guided VAB	50	Ductoscopy	0	AXILLARY SURGERY		Inferior dermal sling to achieve implant cover	12	Flap revision techniques	30	Vertical pattern bilateral breast reduction	4

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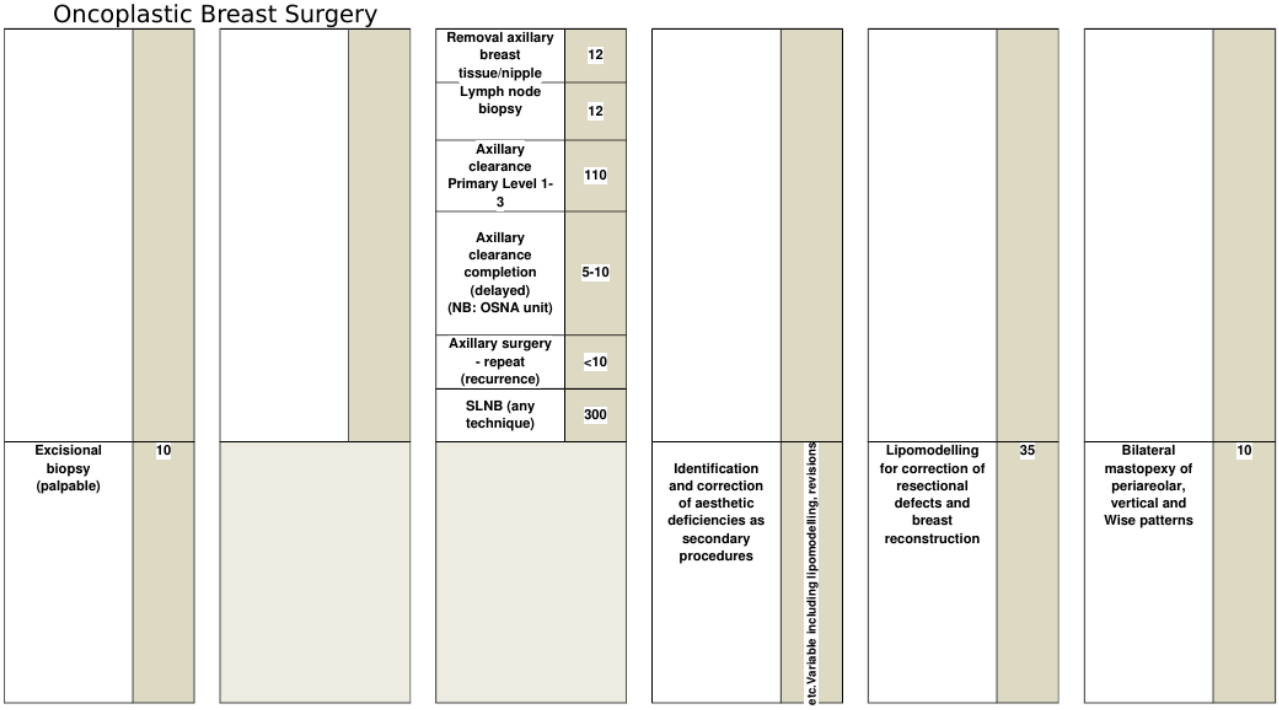

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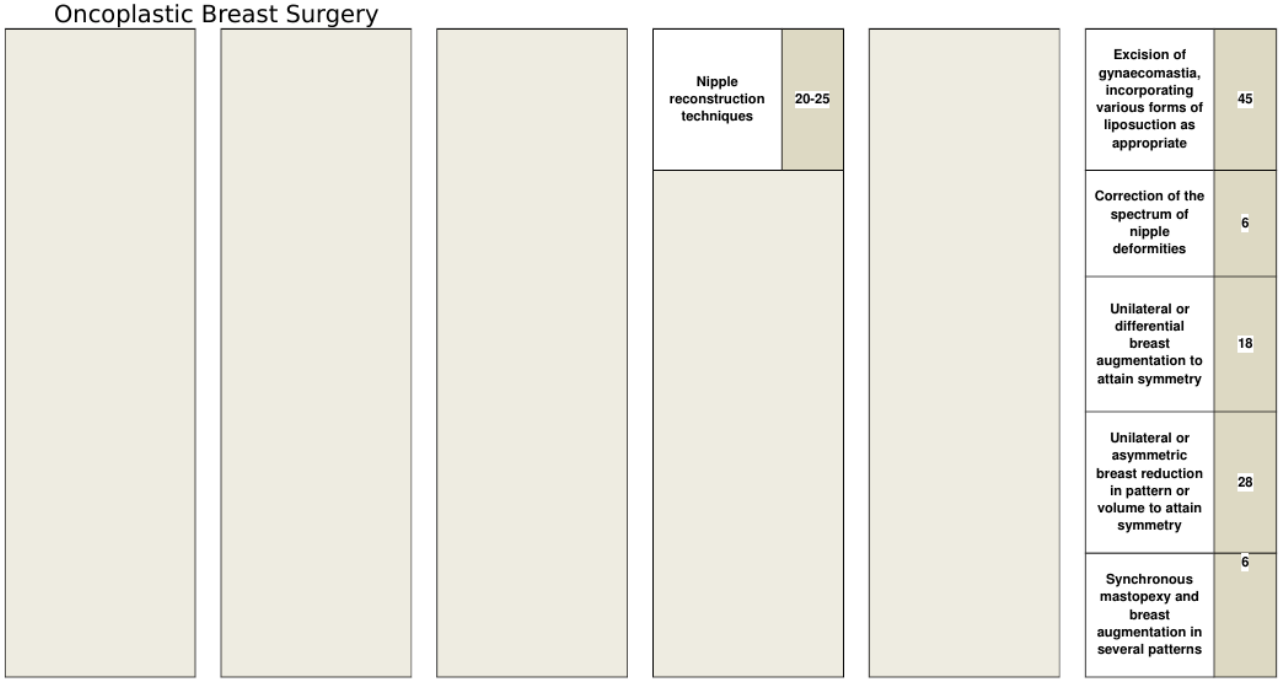

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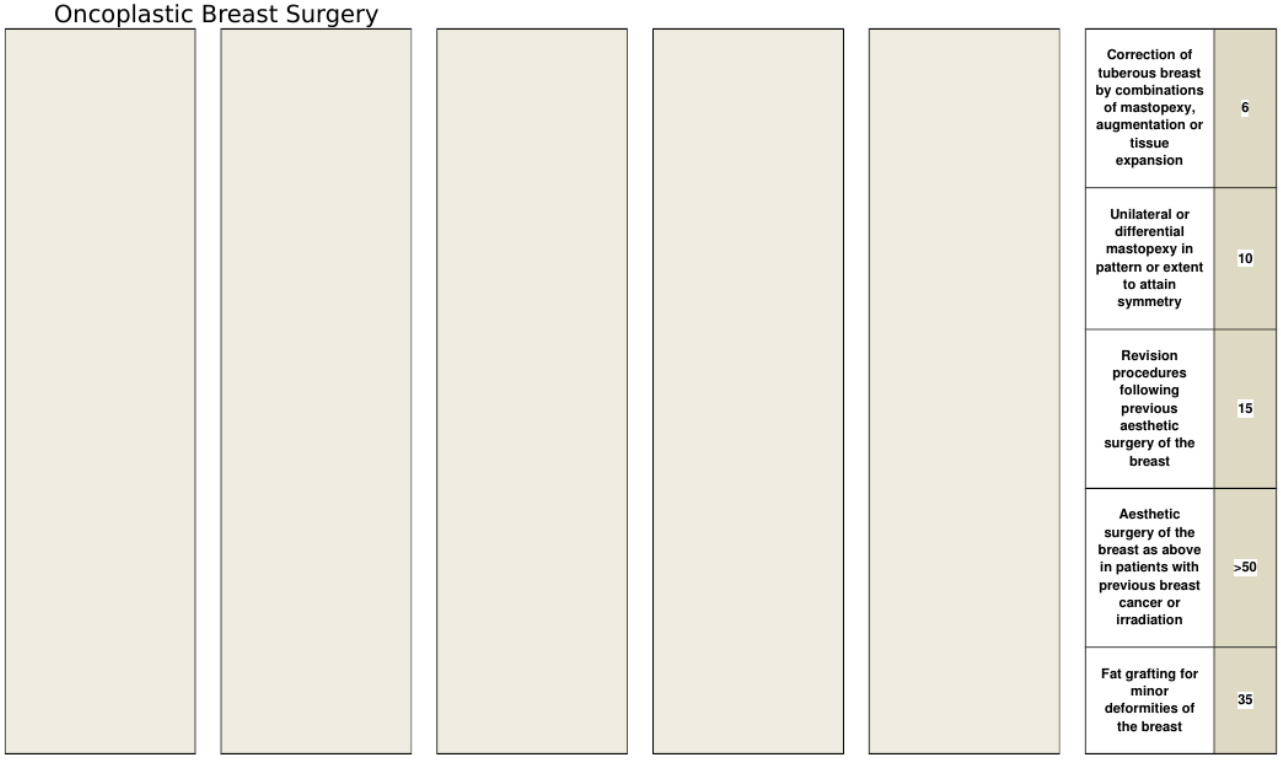

Correction of tuberous breast by combinations of mastopexy, augmentation or tissue expansion	6
Unilateral or differential mastopexy in pattern or extent to attain symmetry	10
Revision procedures following previous aesthetic surgery of the breast	15
Aesthetic surgery of the breast as above in patients with previous breast cancer or irradiation	>50
Fat grafting for minor deformities of the breast	35

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Facilities

Access to IT (including Internet), library and journals on site:

Free Trust Guest Wi-Fi access
Eduroam Access
Medical Library
University Information Commons
Access to all relevant journals through College and Medical Library subscription access (principally electronic)
Dedicated PGMDE facility, resources and support staff
Microsystems coaching academy

Access to wet lab / simulation / surgical skills facilities (include location and frequency of attendance):

Basic Surgical Skills laboratory
Access to cadaveric specimens through Medical School, by permission (not for interventional practice).

Peer review

Date of last Peer Review: November 2015 (Separate document attached)

Summaries of areas of notable practice, summaries of development needs, action plans and progress summaries are included in the reports.

Outcomes of formal visits

CQC Visit December 2015 (Separate document attached)

NHSBSP QA Visit: May 2016 (Separate document attached)

Summaries of areas of notable practice, summaries of development needs, action plans and progress summaries are included in the reports.

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Training Delivery

Please identify how you can supply surgical experience in the advanced surgical modules. It is expected that units will be able to cover all curriculum modules.

Module 1: Basic Sciences and Breast Assessment
Deanery education events.
MDTM
Supervised clinical practice in Fast Track Clinic. Annual symptomatic new-case load referral of 4,500 cases per year.
Supervised clinical practice in Follow-up Clinics
Targeted WBA utilization

Module 2: Benign Breast Conditions
MDTM
External Breast Courses
Fast Track Clinic Assessments
Out-patient Clinics
Benign breast surgery surgical cases. Logbook/ISCP
Targeted WBA utilization
Journal club

Module 3: Breast Cancer
External courses.
Access to the Advanced Breast course at RCS.
Weekly MDTM (partitioned into new diagnoses, post-operative, metastatic
Targeted WBA utilization
Supervised clinical practice and flexible case selection for TIG Fellows for targeted operative skill and accelerated independent practice development
Journal club
Annual case load of 550 new breast cancer diagnoses

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Module 4: Implant Breast Reconstruction
OMDTM
Theatre lists (see timetable)
Combined reconstruction clinics (see timetable).
Supervised clinical practice and flexible case selection for TIG Fellows for targeted operative skill and accelerated independent practice development

Module 5: Autologous Tissue Based Reconstruction
OMDTM
Theatre lists.
Combined reconstruction clinics.
Supervised clinical practice and flexible case selection for TIG Fellows for targeted operative skill and accelerated independent practice development

Module 6: Aesthetic Surgery of the Breast
Aesthetic Fellowship – infrastructure already exists and we have had three Fellows in the last three years.
Timetable is independent of the TIG Fellowship.
Easy access to both plastic, reconstructive and breast aesthetic surgery within our unique arrangement of a combined directorate.
Encourage attendance to relevant high-end external courses and meetings eg Breast Aesthetics Course, ORBS, Milan Breast Aesthetics Course, London Breast Meeting etc.
External unit visits.
ABS, BAAPS, BAPRAS annual meetings.
Private practice attendance with at least 5 of the department's Plastic Surgeons (Thornbury and Claremont Hospital).
Bi-weekly Oncoplastic MDTM.
Targeted operative skills development
OPBS TIG fellow is offered flexible access to opportunities and can 'cherry pick'
This unit was a founding TIG unit and has had 12 previous Fellows who have helped advance the delivery of TIG focused training
All previous 12 OPBS TIG Fellows have successfully obtained consultant posts within 12 months

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