

The Breast Surgeons Group of the British Association of Surgical Oncology

THE TRAINING OF A GENERAL SURGEON WITH AN INTEREST IN BREAST DISEASE

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Introduction

This document should be read alongside the *Quality Assurance Guidelines for Surgeons in Breast Cancer Screening* (Revised November 1994) and the *Guidelines for Surgeons in the Management of Symptomatic Breast Disease*,¹ both of which were prepared by the Breast Surgeons Group of the British Association of Surgical Oncology and have now been accepted as representing its policy on breast surgery by the Senate of Royal Surgical Colleges. As both these guidelines emphasize the need for surgeons with specialist training in breast disease the BASO Breast Group felt it was important to lay down training requirements for breast surgery.

The present document expands on the requirements for such specialist training outlined in the framework of the Curriculum & Organization for Higher Surgical Training in General Surgery and its Subspecialties, which has been drawn up by the Specialist Advisory Committee (SAC) in General Surgery and received by the Senate.

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1. Guidelines for Surgeons in the Management of Symptomatic Breast Disease in the United Kingdom. *Eur J Surg Oncol* 1995; 21 (Suppl A): 1-13.

The training of breast surgeons

The *Guidelines for Surgeons in the Management of Symptomatic Breast Disease* and the *Report of the British Breast Group* both recommend that breast disease should be managed by a general surgeon with a special interest and training in the subspecialty. The present task is thus to provide a framework for training a breast surgeon who will also be responsible for the initial management of general

Table 1. Recognition of a Breast Unit. A specialist surgeon suitable to give training to levels 1 & 2 should be attached to a recognized Breast Unit: specialist breast units would be accredited and recognition will be based on the following criteria

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| (a) | The Breast Unit will normally treat 100 new breast cancers per year. |
| (b) | There should be a designated breast referral clinic attended by both the consultant surgeon and a breast specialist radiologist. |
| (c) | The unit should treat cases from breast screening. |
| (d) | There should be an opportunity for the trainee to carry out a clinical study or a research project on breast disease. |
| (e) | There must be regular multidisciplinary meetings with the radiologist, pathologist, and radiotherapist to consider all symptomatic and screen-detected cases operated upon. These should take place once per week. |

surgical emergencies as well as some additional elective general surgery.

Levels of training

General surgery

'Is that level of training that all general surgeons will be expected to have achieved by the completion of HST. The trainee will need to be proficient to perform some procedures unsupervised and others he or she will be expected to be familiar with or have assisted at.'

The requirements for General Surgery training include: subspecialty training will be undertaken by a minority of Specialist Registrars but if a trainee is to progress to an interest in the subspecialty, he or she will need to have some exposure to breast disease. It is therefore recommended that all Higher Surgical Trainees should have some supervised outpatient exposure and operative experience to Level 1 in a dedicated Breast Unit, trained by a surgeon with a special interest in breast disease. This will usually take place whilst

Table 2. Recognition of a Specialist Breast Unit for Subspecialty Training (Level 2 & 3)

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| (a) | This should be a major unit which will usually be based in a University Hospital. The unit should have an adequate throughput of symptomatic breast cases, giving a minimum of 150 new breast cancers per year. |
| (b) | There should be breast screening assessment clinics attended by the surgeon. |
| (c) | There should be designated breast clinics attended by a specialist radiologist as well as the specialist surgeons. |
| (d) | There should be combined breast clinics for advanced disease attended by the breast surgeon and an oncologist with a special interest in breast disease. |
| (e) | There should be regular participation in breast reconstructive surgery. This should ideally be on-site but it is essential that the trainee has adequate exposure to the consultative process, a full range of surgical techniques and post-operative care. Where a joint consultation clinic is held with a plastic surgeon, the trainee may require an attachment to learn the whole process of reconstructive care. |
| (f) | There should be an active programme of research on breast cancer. The Level 3 trainee will be expected to have published in the breast cancer field and should have spent the equivalent of a dedicated year researching a subject related to breast disease. |
| (g) | There should be designated breast operating lists with graded supervision commensurate with the experience and operative skill of the trainee. |
| (h) | These recommendations will be developed and amended in the light of experience with the new unified training grade, the Specialist Registrar Grade. |

working on a unit of two or three surgeons, at least one of whom has a special breast interest. Recognition of such breast units will be required and the suggested criteria appear in Table 1.

Subspecialty training: mandatory

'Is that level of training that a surgeon with a subspecialty interest will be expected to have achieved by the completion of HST.'

This is the level of training that will be required for surgeons managing breast disease in a Breast Unit (Table 1) at a District General Hospital. They will also be responsible for general surgical emergencies. The mandatory requirements for subspecialty training should be: (a) one year working 50% of the time for a surgeon with a special interest (Table 1); (b) six months full-time in a Specialist Breast Unit (Table 2).

Subspecialty training: advanced

'Is that level of subspecialty training that would be required of a consultant who might practise almost exclusively in this field. This level of training lends itself to specific modules that might be achieved during or after HST. Only one Level 3 subspecialty is allowable within HST.'

The trainee must nevertheless have an adequate training in General Surgery. The requirements for optional subspecialty

training should be: (a) one year training 50% of the time with a surgeon with a special interest in breast disease (Table 1); (b) one year training in a Specialist Breast Unit (Table 2); (c) the flexible year for research should be related to breast disease (this could be combined with (b) to give two years on a specialist unit, carrying out research and clinical work concurrently).

Basic Science and Knowledge component of the Curriculum (See Appendices)

General surgery (Level 1)

The expected Basic Science and Knowledge section of the Curriculum could be achieved by a distance learning course with breast surgery teaching provided on the advice of the Breast Surgeons Group of the British Association of Surgical Oncology (BASO).

Subspecialty training, mandatory & advanced (Levels 2 & 3)

These components are more subspecialty-specific and should be taught by structured courses. A course will be made available by the subspecialty association (The Breast Surgeons Group of BASO) and attendance at such a course will be essential for subspecialty training.

The following aspects of training are essential

The trainee would be expected to have extensive knowledge and first-hand experience of the following requirements by the completion of training:

- The diagnosis and treatment of invasive and *in-situ* breast cancer
- The diagnosis and management of benign breast disease
- The use of hormone manipulation in the treatment of benign and malignant breast disease
- The management of screen-detected breast disease
- Psychological evaluation, communication and counselling
- Breast reconstruction

The following aspects of training are important

The trainee should have an in-depth knowledge of the principles involved in the following but he or she would not be expected to have sufficient practical experience to be primarily responsible for treatment.

- Radiotherapy relating to breast cancer
- The use of chemotherapy for breast cancer in the adjuvant setting and for advanced disease
- Breast pathology: histopathology, cytology and immunocytochemistry
- Breast radiology/ultrasound/stereotaxis
- Hospice care
- Epidemiology and genetics of breast cancer and screening

- Clinical trials and statistics
- Computer skills sufficient to administer a Breast Clinic, arrange follow-up and undertake audit

A candidate expressing an interest in breast surgery at the Intercollegiate Examination would be expected to have:

- A sound basis in general surgery
- A thorough and up-to-date grasp of the literature on breast cancer in both primary and advanced disease
- A sound knowledge of benign conditions of the breast and their hormonal basis
- A satisfactory operative experience supported by a log book (Table 3) and trainer's reference (Trainee Assessment Form as approved by the Joint Committee on Higher Surgical Training)
- To have published at least one paper on breast disease as first author in a peer-review journal and to be able to discuss this in detail
- To have visited other centres and have attended national and international meetings on breast disease on a regular basis

Table 3. The log book must designate the level of supervision for each procedure or operation

Assist	The trainee is assisting someone senior to him or herself.
Supervised	The trainee is being assisted/supervised/taught* by someone senior to him or herself.
Performed	The trainee is operating without someone senior being present.
Training	The trainee is assisting/supervising/teaching another trainee junior to him or herself.

* The trainer has to be present in the operating theatre for the substantial part of the operation but need not necessarily be scrubbed.

Appendix
SAC Working Party: Curriculum for Higher Surgical Training
Subspecialty: Breast

Level 1 General surgery	Level 2 (mandatory) General surgery + interest	Level 3 (advanced) Subspecialist
Operative skill: to be proficient in unsupervised		
Treatment of breast abscess	Wide excision breast tumours	Reconstruction module
Core biopsy	Needle localization	Myocutaneous flaps
Excision of breast lump	Mammary duct fistula	Tissue expanders
Mastectomy	Excision major duct system	Complications
Fine-needle aspiration	Microdochectomy	Re-operations
	Block dissection of axilla	Reduction
Operative skill: to be familiar with (to have assisted at)		
As per level 2	As per level 3	—
Expected basic science and knowledge (The anatomy and physiology relevant to each operation or procedure)		
Anatomy & physiology of breast	Chemotherapy/ Radiotherapy	Genetics
Hormone therapy for benign & malignant disease	Adjuvant/Advanced Histo/cytopathology	Immunocytochemistry
	Radiology U.S.	Clinical trials
	Counselling	
	Hospice care	
	Epidemiology, Stereotaxis	
	Breast screening programme	
	Breast training course	
Breast training course: (subspecialty levels 2 and 3) (For all groups)		
Supervised outpatient experience in a dedicated Breast GP referral clinic		
Attendance at a Breast Screening Assessment Clinic		
Attendance at a Combined Breast Clinic for the management of advanced breast cancer		
Attendance at multidisciplinary meetings		
Observer experience of reconstructive techniques		
Counselling & communication skills		