

Current training model in breast surgery

CCT in G/S (special interest breast)

- Core training: MRCS -2yrs
 - CT 1-2 (+/-breast)
- Specialist training: FRCS – 6yrs
 - CT 3-6: 4 years elective and EG/S (+/- breast)
 - 50 cholecystectomy
 - 60 inguinal hernias
 - CT 7-8: 2 years breast and EG/S
 - 100 laparotomies
 - 80 appendicectomy
 - TiG: 1 year breast



6 yrs emergency G/S,
4 yrs elective G/S
2+ yrs breast

2013 curriculum- Breast special interest

Key Procedures

- 40 Breast lump excision
- 50 Mastectomy
- 70 SLNB
- 45 ALND

PBA's required (different assessors)

- 3 including image guided
- 3 mastectomy related
- 3 SLNB
- 3 ALND
- 3 Nipple/duct surgery
- 3 implant recon
- 3 mammoplasty
 - Augmentation/reduction

TiG oncoplastic Curriculum and syllabus (GMC approval expected 2016)

6 modules

1. Basic sciences and breast assessment
2. Benign breast conditions
3. Breast cancer
4. Implant based reconstruction
5. Autologous reconstruction
6. Aesthetic Surgery of the Breast

Designed to be the future oncoplastic breast curriculum.

Will take 4 (indicative) years to deliver

Problem:

Breast training not fit for purpose*

- Oncoplastic breast surgery is rooted in plastics rather than abdominal and general surgery.
- Breast trainees are now 'Triple Trained' in General, breast oncology, and breast plastics/aesthetics,
- On or shortly after consultant appointment most breast surgeons do not offer emergency or elective GS despite their training
- New SAC (in breast) will not happen
- General hostility towards changes in G/S training –
 - breast declared trainees are ~25% of workforce so potential impact on EG/S rota
 - Require a 4 nation solution and agreement
- Current trainees conflicted
 - Uncertain about future breast service viability and their long-term career prospects...
 - Impact on salary if demit from E G/S etc

* See year book for detailed position statement

Levers for change in breast training

- Position statement and letter* to BAPRAS, SAC' chairs in G/S and plastics, GMC, HEE and presidents RCS eng, Glasgow and Edinburgh
 - Mixed responses. BAPRAS supportive
- GMC may be prepared to consider alternative more flexible routes to CCT in G/S. This means not all trainees have to meet identical levels of competency to achieve a CCT
 - Cardiothoracic precedent 2015
- 2013 Curriculum revision due for delivery August 2018
 - G/S SAC recognition that breast surgery needs a new training model
 - Concern about impact on delivery of EGS rota by trainees – scoping exercise underway

* See year book for details

Possible Training models – for discussion

- A. 'Run through' breast – not achievable at present, too radical
- B. Current model. G/S CCT with special interest in breast.
 - Can be employed as a G/S and/or breast surgeon
- C. Breast focused training model after core training and MRCS with limited exposure to elective and emergency G/S but to remain on the on-call rota until ST 6 to prevent destabilising the on-call rota

It may be trainees can opt for either model B or C for the next curriculum cycle. This would support a 4 nation solution as currently in Ireland breast surgeons remain on the on-call rota as consultants

Proposed training model in breast surgery

CCT in G/S (special interest breast)

Breast focused

Core training: MRCS

CT 1-2: generality of surgery including breast and ?4-6month plastics

Specialist training: FRCS

ST 3-4 elective and emergency G/S (+/-breast)

ST 5-6 Breast and emergency G/S

ST 7-8 Breast

?TiG fellowship no longer required



4 yrs emergency G/S

2 yrs elective G/S

4+ yrs Breast

CCT in G/S

but do not have to achieve same level of competencies in elective and emergency G/S as abdominal surgeons.

Other considerations

- Use of the TiG oncoplastic curriculum and syllabus
- Broaden the syllabus to include some radiology training, etc?
- Credentialing in breast diagnostics (CF. breast physicians)
- Scope for more generic training with plastics
- Aesthetic certification
- EBSQ (breast) exam.