Breast Surgery Training Requirements: Extracts from ISCP Curriculum for General Surgery, August 2021

This extract contains breast-specific competencies only. Trainees and trainers will need to view the full curriculum for the required general surgical competencies:

general-surgery-curriculum-2021-minor-changes-for-august-2022.pdf (iscp.ac.uk)

General Surgery training is divided into two phases and will take an indicative time of six years (four years in phase 2 and two years in phase 3).

Figure 1: Overview of the training pathway in General Surgery

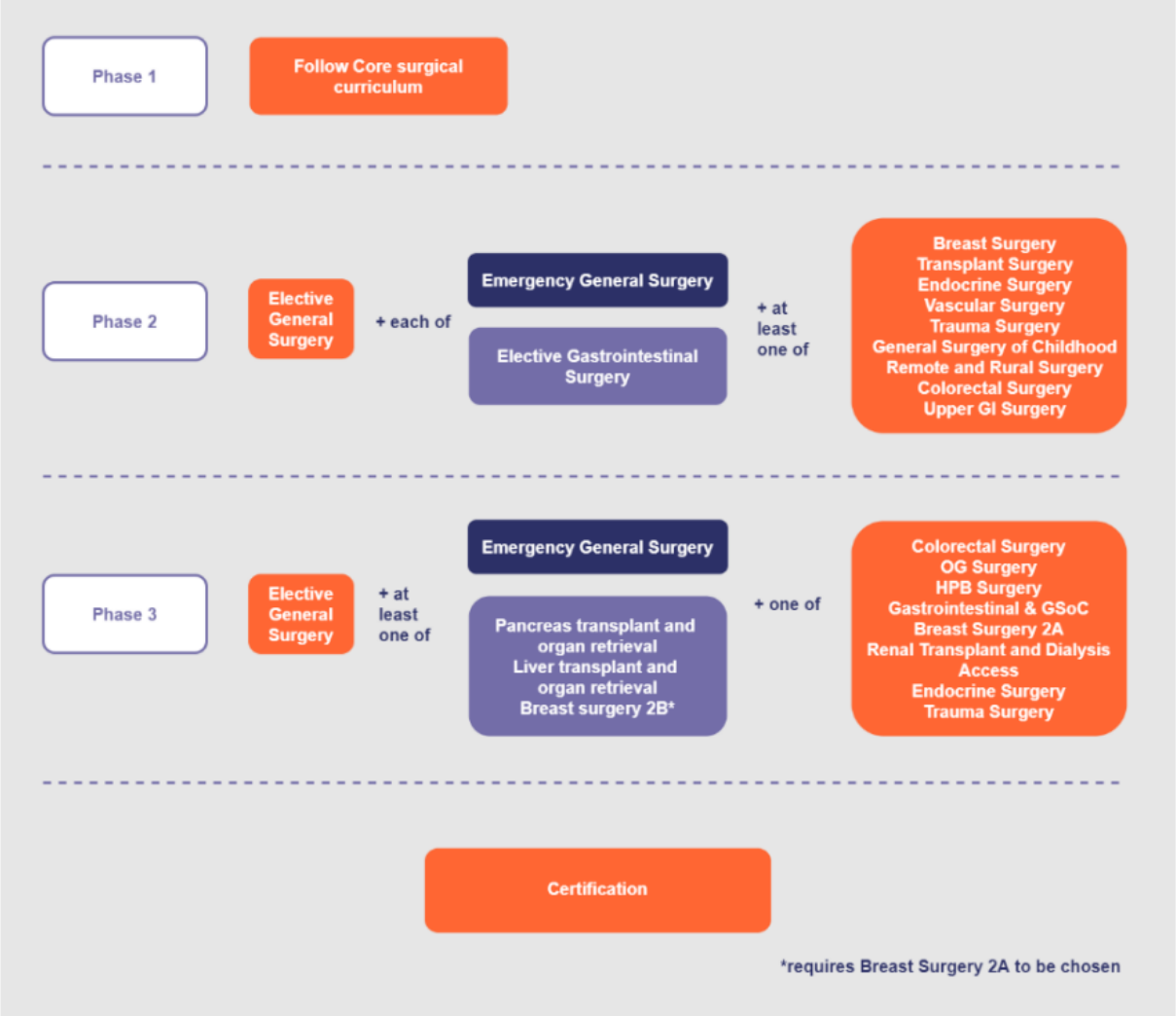
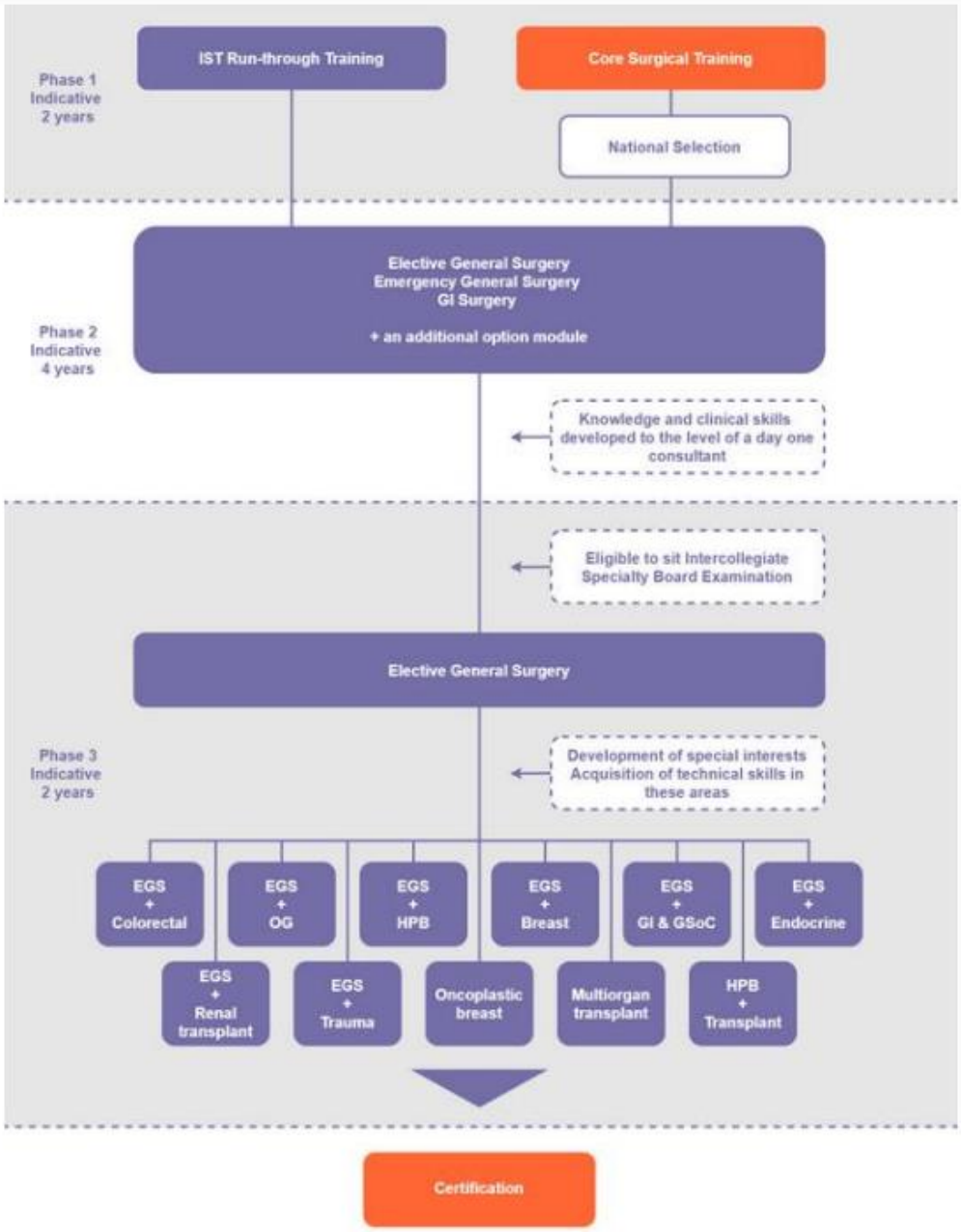


Figure 2: Outputs of the General Surgery curriculum, demonstrating commonality in phase 2 and that elective and emergency general surgery are at the core of the curriculum

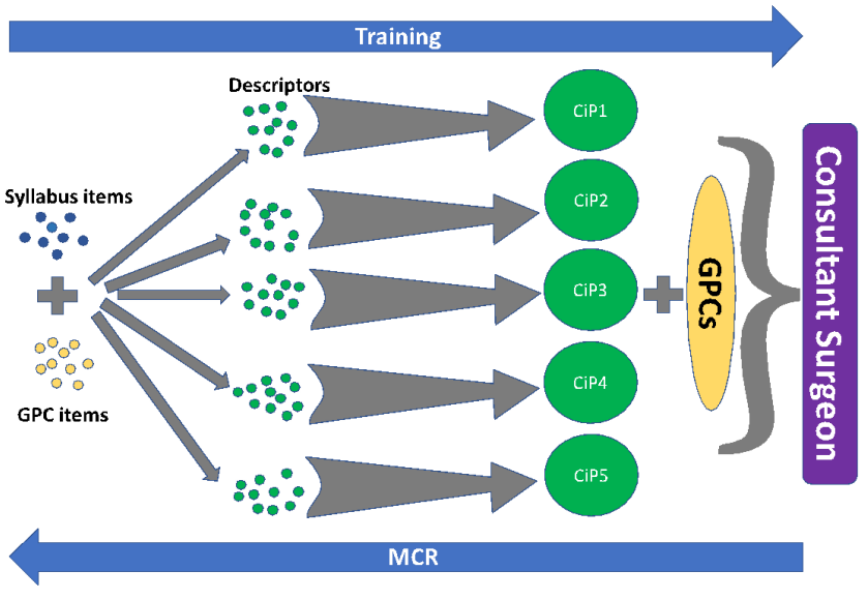


Training is designed to produce a person capable of safely and effectively performing the role of a first day consultant surgeon. The role of a consultant surgeon can be thought of as a sum of all the various tasks which need to be performed through a working week. These tasks are the high-level outcomes of the curriculum and grouping these together describe the role of a consultant surgeon. To perform a high-level clinical task as a consultant surgeon requires trainees to be able to integrate areas of learning from all parts of the syllabus, including knowledge, clinical skills, professional skills and technical skills. In addition, a consultant surgeon will need to have acquired the generic skills, behaviours and values shared by all doctors in order to perform this task safely and well. A capability is a set of skills that can be developed through training from novice to expert and therefore these high-level clinical outcomes are known as Capabilities in Practice. They are common across all surgical specialties and are delivered within the context of the GPCs and the specialty syllabus.

The GPC framework has nine domains: Domain 1: Professional values and behaviours Domain 2: Professional skills Practical skills Communication and interpersonal skills Dealing with complexity and

uncertainty Clinical skills Domain 3: Professional knowledge Professional requirements National legislative requirements The health service and healthcare system in the four countries Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement Patient safety Quality improvement Domain 7: Capabilities in safeguarding vulnerable groups Domain 8: Capabilities in education and training Domain 9: Capabilities in research and scholarship

Figure 3 - The interrelationship of the GPCs, the syllabus, the CiPs and their descriptors to the role of a consultant surgeon.



There are five CiPs which are shared between all surgical specialties:

1) Manages an out-patient clinic
2) Manages the unselected emergency take
3) Manages ward rounds and the on-going care of in-patients
4) Manages an operating list
5) Manages multi-disciplinary working

The supervision levels are:

Level I: Able to observe only
Level II: Able and trusted to act with direct supervision: a) Supervisor present throughout b) Supervisor present for part
Level III: Able and trusted to act with indirect supervision
Level IV: Able and trusted to act at the level expected of a day-one consultant
Level V: Able and trusted to act at a level beyond that expected of a day-one consultant

Table 1: Supervision levels to be achieved by the end of each phase of training

Capability in practice (shared)	Supervision Level (end of phase 2)	Supervision Level (end of phase 3 and certification)
1. Manages an out-patient clinic	Level III	Level IV
2. Manages the unselected emergency take	Level III	Level IV
3. Manages ward rounds and the on-going care of in-patients	Level III	Level IV
4. Manages an operating list	Level IIb	Level IV
5. Manages multi-disciplinary working	Level III	Level IV

Figure 4: Assessment framework

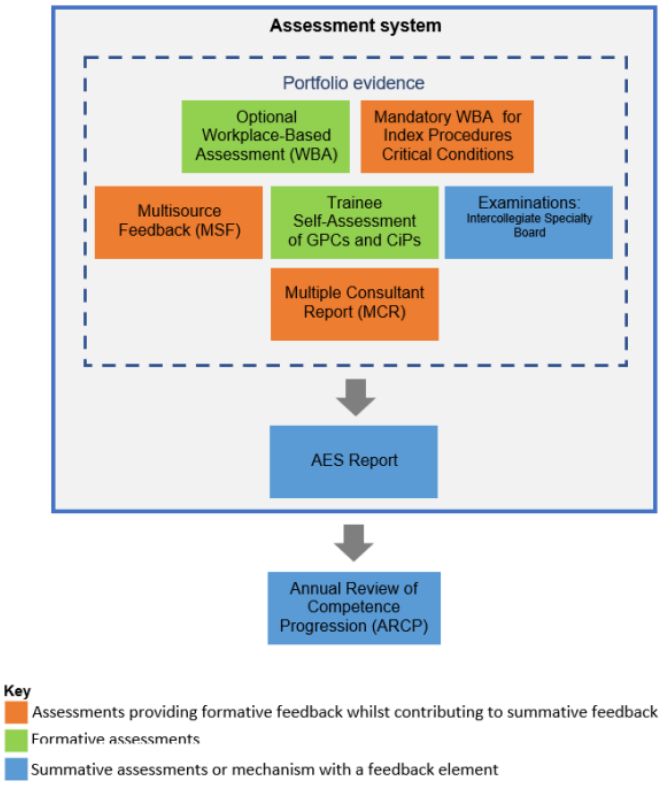
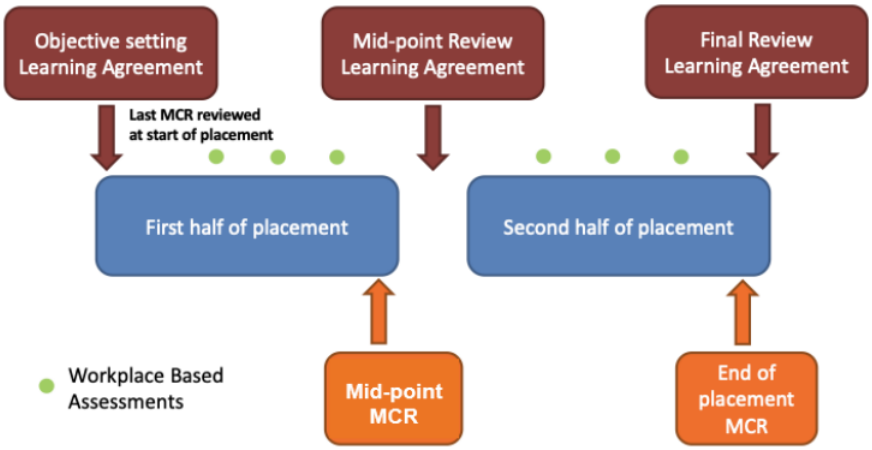


Figure 5: The sequence of assessment through a placement.



Surgical logbook

The logbook is tailored to each specialty and allows the trainee's competence as assessed by the DOPS and PBA to be placed in context. It is not a formal assessment in its own right, but trainees are required to keep a log of all operative procedures they have undertaken including the level of supervision required on each occasion using the key below. The logbook demonstrates breadth of experience which can be compared with procedural competence using the DOPS and the PBA and will be compared with the indicative numbers of index procedures defined in the curriculum.

Observed (O)

Assisted (A)

Supervised - trainer scrubbed (S-TS)

Supervised - trainer unscrubbed (S-TU)

Performed (P)

Training more junior trainee (T)

<u>Breast Surgery Syllabus</u>

Standards for knowledge

Specific competency levels in knowledge have been removed except for the critical conditions where the topic for a phase of training has a competence level ranging from 1 to 4 which indicates the depth of knowledge required:

1. knows of

2. knows basic concepts

3. knows generally

4. knows specifically and broadly

Standards for clinical and technical skills

The practical application of knowledge is evidenced through clinical and technical skills. Competency levels for clinical and technical skills range from 1-4 as detailed below.

1. Has observed Exit descriptor; at this level the trainee: • has adequate knowledge of the steps through direct observation • can handle instruments relevant to the procedure appropriately and safely • can perform some parts of the procedure with reasonable fluency.

2. Can do with assistance Exit descriptor; at this level the trainee: • knows all the steps - and the reasons that lie behind the methodology • can carry out a straightforward procedure fluently from start to finish • knows and demonstrates when to call for assistance/advice from the supervisor (knows personal limitations).

3. Can do whole but may need assistance Exit descriptor; at this level the trainee: • can adapt to well-known variations in the procedure encountered, without direct input from the trainer • recognises and makes a correct assessment of common problems that are encountered • is able to deal with most of the common problems • knows when help is needed • requires advice rather than help that requires the trainer to scrub.

4. Competent to do without assistance, including complications Exit descriptor, at this level the trainee: • with regard to the common clinical situations in the specialty, can deal with straightforward and difficult cases to a satisfactory level and without the requirement for external input • is at the level at which one would expect a UK consultant surgeon to function • is capable of supervising trainees.

ELECTIVE GENERAL SURGERY	Phase 2	Phase 3
	*	*
GENETIC ASPECTS OF SURGICAL DISEASE		
Understanding of genetically determined diseases related to breast, endocrine, and gastrointestinal disease	*	*
Clinical and molecular genetics: Basic understanding of the principles of genetics	*	*
Understanding of modes of inheritance, genetic testing, screening and prophylactic/therapeutic interventions	*	*
GENERIC ONCOLOGY FOR SURGEONS		

Understanding of the basic principles of Surgical Oncology and knowledge of risk factors, basics of management and ways of evaluating cancer treatments	*	*
BREAST CONDITIONS		
Competency in the assessment and initial management of patients with breast disease	*	*
MULTIDISCIPLINARY TEAM WORKING		
Understand the principals of multidisciplinary meetings and competency in the organisation and running of meetings	*	*
TECHNICAL SKILLS		
Punch biopsy	4	4
Biopsy - FNA Breast, neck, subcutaneous	4	4
Lymph node biopsy-groin, axilla and abdomen	4	4
EMERGENCY GENERAL SURGERY		
BREAST INFECTIONS		
Competency in the diagnosis and initial management of breast sepsis including sepsis associated with implant surgery	*	*
TECHNICAL SKILLS		
Aspiration of breast abscess	4	4
Open drainage of breast abscess and/or debridement of soft tissue necrosis	4	4
Removal of infected breast implant	4	4

BREAST			
	Phase 2	Phase 3	Phase 3
	Module 1	Module 2A	Module 2B
BREAST AND AXILLARY ASSESSMENT			
OBJECTIVES			

Competency in the assessment and management of men and women with breast symptoms	*	*	
BREAST INFECTIONS			
OBJECTIVES			
Competency in the management of sepsis and soft tissue necrosis	*		*
Competency in the management of acute and chronic complex wounds in oncoplastic and breast reconstruction procedures	*		*
Competency in the management of implant salvage management in chronic sepsis	*		*
BREAST CANCER			
OBJECTIVES			
Competency in the assessment & management of all breast cancer presentations and treatment including screening	*	*	
Competency in the assessment and management of those at increased risk of breast cancer	*	*	
PRINCIPLES OF ONCOPLASTIC BREAST SURGERY			
OBJECTIVES			
Competency in the knowledge, assessment, limitations and risks of patients undergoing oncoplastic and reconstructive surgical procedures.	*	*	
IMPLANT BASED/ASSISTED RECONSTRUCTION			
OBJECTIVES			
Competency in the knowledge, assessment, limitations and risks of patients undergoing implant based/assisted breast reconstruction.	*		*
AUTOLOGOUS RECONSTRUCTION			
OBJECTIVES			
Knowledge and awareness of microvascular-based autologous breast reconstruction and pedicle flap reconstruction	*		*
BENIGN SURGERY OF THE BREAST			
OBJECTIVES			
Competency in the assessment and safe management of congenital asymmetry breast procedures	*		*
Competency in assessment and surgical management of gynaecomastia	*		*
TECHNICAL SKILLS			
Nipple smear	4	4	
Punch biopsy of skin / nipple	4	4	
Nipple surgery	**4**	**4**	
Palpable core biopsy of the breast	2	4	

Laying open breast fistula	4		4
Removal of infected breast implant and skin envelope revision	2		4
Surgical debridement of soft tissue necrosis - complex wound management	1		3
Salvage implant revision	1		4
Exploration of donor site complication	1		4
Partial and full thickness skin graft	1		3
BREAST CONSERVATION:			
Palpable	**3**	**4**	
Impalpable & image guided	**2**	**4**	
Oncoplastic wide local excision	**1**	**4**	
Mammoplasty WLE: using either reduction, displacement or replacement techniques	**1**	**4**	
MASTECTOMY:			
Mastectomy - Simple	**2**	**4**	
Mastectomy - Skin sparing +/- nipple preserving	**1**	**3**	
Mastectomy - Skin reducing	**1**	**3**	
AXILLARY SURGERY:			
Lymph node biopsy	3	4	
Axillary clearance -Primary . Level 1-3	**1**	**4**	
Axillary clearance -completion (delayed)	**1**	**4**	
Axillary surgery - repeat (recurrence)	**1**	**3**	
SLNB (any technique)	**3**	**4**	
Preoperative marking of patient for oncoplastic procedures and breast reconstruction	-	4	
Minimising infection: antibiotics, drains, changing gloves, laminar theatres etc	2	4	
Lipomodelling techniques in oncoplastic & reconstructive breast surgery	-	4	
Planning, execution and closing incisions on the breast with reference to aesthetic principles and sub units	2	4	
Nipple reconstruction techniques	**-**	**4**	
Nipple free graft	**-**	**4**	
Creation and closure of sub-pectoral pocket	**1**		**4**
Orient devices and prepare appropriately	**-**		**4**
Two stage reconstruction using TEX and subsequent exchange for FVI	**-**		**4**
Single stage reconstruction using FVI/TEX and biological & non biological mesh	**1**		**4**
Inferior dermal sling to achieve implant cover	**-**		**4**
Pre pectoral pocket	1		3
Techniques in capsulotomy, capsulectomy and revision implant surgery	-		3

Raising and insetting pedicled autologous TRAM flap	-		1
Raising and insetting pedicled autologous LD flap (including implant assisted LD)	**-**		**2**
Raising and insetting a local perforator flap	**-**		**3**
Free-flap Techniques	-		2
Scar revision in aesthetic breast surgery	1		3
Correction of the inverted nipple (various techniques)	-		1
Bilateral breast reduction by various patterns and techniques	**1**		**3**
Bilateral breast augmentation by various routes, in various planes	**1**		**3**
Bilateral mastopexy by various patterns and techniques	1		3
Excision of gynaecomastia, incorporating various forms of liposuction as appropriate	-		3
Unilateral or differential breast augmentation to attain symmetry	-		2
Unilateral or asymmetric breast reduction in pattern or volume to attain symmetry	-		3
Synchronous mastopexy and breast augmentation in several patterns	-		2
Correction of tuberous breast by combinations of mastopexy, augmentation or tissue expansion	-		2
Revision procedures following previous aesthetic surgery of the breast	-		2
Aesthetic surgery of the breast in patients with previous breast cancer or irradiation.	-		1

Critical Progression Point
End of phase 3
Certification

Indicative Numbers

Summarise the number of cases (S-TS + S-TU + P + T) you have performed in your two phase 3 special interest modules (the indicative numbers for certification are shown).

Breast	**Phase 3** ☐	
Module 2A		
Breast cancer conservation	100	.....
Mastectomy	70	.....
inc skin sparing	40	.....
Axillary surgery inc ANC, SNB	100	.....
Reduction mammoplasty techniques	40	.....
Module 2B		
Implant reconstruction	40	.....
Local flaps	25	.....