

JCST
Quality Indicators for the Training Interface Group (TIG) fellowships – Oncoplastic
Breast Surgery

Quality Indicator	
1.	Trainees in surgery should be allocated to approved posts commensurate with their level of training and appropriate to the educational opportunities available in that post (particular consideration should be given to the needs of less than fulltime trainees). Due consideration should be given to individual training requirements to minimise competition for educational opportunities.
2.	Trainees in surgery should have at least 2 hours of facilitated formal teaching each week (on average). (For example, locally provided teaching, regional meetings, annual specialty meetings, journal clubs and x-ray meetings).
3.	Trainees in surgery should have the opportunity and study time to complete and present one audit or quality improvement project in every twelve months. (The requirements for audit vary for each surgical specialty. Please refer to the designated specialty for details).
4.	Trainees in surgery should have easy access to educational facilities, including library and IT resources, for personal study, audit and research and their timetables should include an equivalent to half a day per week to allow for this.
5.	Trainees in surgery should be able to access study leave with expenses or funding appropriate to their specialty and level of training.
6.	Trainees in surgery should have the opportunity to complete a minimum of 40 WBAs per year (not including those done in a simulated setting), with an appropriate degree of reflection and feedback, the mix of which will depend upon their specialty and level of training.
7.	Trainees in surgery must be assigned an educational supervisor and should have negotiated a learning agreement within six weeks of commencing each post.
8.	Trainees in surgery should have the opportunity to participate in all operative briefings with use of the WHO checklist or equivalent.
9.	Trainees in surgery should have the opportunity to receive simulation training where it supports curriculum delivery.

Quality Indicators for the Training Interface Group (TIG) fellowships – Oncoplastic Breast Surgery

Quality Indicator	
10.	Fellows in oncoplastic breast surgery should have the opportunity to undertake a wide range of operations, both independently and under appropriate supervision, in elective and emergency oncoplastic, reconstructive and aesthetic surgery.
11.	Fellows in oncoplastic breast surgery should have the opportunity to attend a minimum of 3 consultant supervised theatre sessions each week. This must include non-parent specialty surgery required by their learning agreement.
12.	Fellows in oncoplastic breast surgery should have the opportunity to attend a minimum of 3 consultant supervised outpatient clinics each week and should see a mix of new and follow-up patients. This must include non-parent specialty clinics required by their learning agreement. One of those clinics should be a dedicated reconstruction clinic.
13.	Fellows in oncoplastic breast surgery should have the opportunity to attend an oncology multi-disciplinary team meeting (MDT) once a week as defined by the Association of Breast Surgery (ABS) / British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) OP guidelines, with a minimum attendance of 60% per annum.
14.	Fellows in oncoplastic breast surgery should have the opportunity to gain exposure to assessing, managing and treating (clinics, theatre sessions etc) symptomatic and NHS breast screening programme detected cancers. Trainees must see sufficient numbers of new cases to meet the requirements of the curriculum.
15.	Fellows in oncoplastic breast surgery should have the opportunity to gain exposure to assessing, managing and treating (clinics, theatre sessions etc.) developmental breast problems, symmetrisation surgery and aesthetic surgery.
16.	Fellows in oncoplastic breast surgery should have the opportunity to attend an advanced communication skills course during the year if they have not already completed this prior to commencement of the fellowship year.
17.	Fellows in oncoplastic breast surgery should have the opportunity to attend a training course which covers management issues in the NHS.
18.	Fellows in oncoplastic breast surgery should have the opportunity to acquire a certified leadership course during the year as an optional experience.
19.	Fellows in oncoplastic breast surgery should have dedicated research and audit time in the weekly timetable and should undertake a minimum of one completed audit, ideally including closing the audit loop. Trainees should provide evidence of research/service evaluation activity during the fellowship.