

Introduction

The fellowship programme is run through the Joint Committee on Surgical Training (JCST).

Fellowship posts are open to all higher surgical and where appropriate, non-surgical Fellows, that meet the person specifications. Details of eligibility are found through the <u>JCST</u>.

Any unit applying to host Training Interface Group Fellows must have trainer representation from all parent specialties.

Applicant units are required to be able to deliver the <u>TIG curriculum</u> and adhere to the <u>quality indicators (QIs)</u>.

The data included in the form below is an extract of the data submitted by the unit in their application to become a TIG unit.

Unit Lead Trainer:

Name	
Nefer Fallico	

Local Educational Provider (LEP)

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

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust	Oxford University Hospitals NHS	Salisbury NHS Foundation Trust	
	Foundation Trust		
Address of Trust	John Radcliffe Hospital	Salisbury District Hospital	
	Headley Way, Oxford OX3 9DU	Odstock Rd, Salisbury SP2 8BJ	

Peripheral units (if to be visited by Fellow):

	Hospital/Trust N	Hospital/Trust O	Hospital/Trust P	Hospital/Trust Q
Name of Trust	Wexham Park Hospital	Milton Keynes Hospital	Great Western Hospital	West Berkshire
				Community Hospital
Address of Trust	Wexham Street,	Standing Way,	Marlborough Road,	London Road, Thatcham
	Slough SL2 4HL	Eaglestone MK6 5LD	Swindon SN3 6BB	Newbury RG18 3AS

LEP Consultants / Trainers

Primary Educational Supervisor (may be a trainer): Nefer Fallico

Parent Specialties of main trainers:

Parent Specialty	Number of main trainers from this Specialty
ENT Surgery	2
Oral & Maxillofacial Surgery	1
Plastic Surgery	3

Other Trainer(s) involved with Fellowship:

Parent Specialty	Number of other trainers from this Specialty
Cleft Orthodontist	2
Restorative Dentist	1
Cleft CNS	5
Cleft SLT	7
Cleft Psychologist	3
Oral Surgeon	1

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 Fellow may work for 48 hours per week and if there is no on-call, all this time may be used for training.

Below is 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.

Multi-disciplinary team meeting (MDT), Supporting Professional Development (SPD), Operating theatre (Th), Ward round (WR), Outpatient clinic (OPC)

Trust A	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM		WR	WR	OPC (cleft MDT	MDT(week1)		
	Th	Th	OPC (cleft MDT	clinic)	SPD (week2)		
			clinic)		OPC(week 3/4)		
PM		SPD	MDT (adult cleft	SPD/research	OPC (Orthognathic		
	Th		clinic week1)	activity	clinic in Newbury		
			Research activities		week1)		
			(week2-4)		SPD (week 2)		
					OPC week3/4		

Trust B	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM		Th	WR	SPD (week 1/2)	MDT (week1)		
			OPC (cleft MDT	OPC (cleft MDT	OPC (week2)		
			clinic	clinic) week 3/4	SPD (week 3/4)		
PM		Th	OPC (cleft MDT	SPD week 1	OPC (cleft MDT		
			clinic)	OPC (Cleft	clinic week + Cleft		
				Orthognathic clinic)	Orthognathic clinic		
				week 2	in Newbury week 1		
				OPC (cleft MDT	+ cleft Orthodontic		
				clinic) week 3/4	clinic week 4)		

Training Delivery

Overview of the Unit's TIG Fellowship Training Delivery plan:

Fellows in surgery:

- have on average two hours of facilitated formal teaching each week, including locally provided teaching, regional meetings, annual specialty meetings, journal clubs and speech symposiums. The opportunity and study time to complete and present one audit or quality improvement project.
- have access to educational facilities, including library and IT resources, for personal study, audit and research.
- Have the opportunity to complete a minimum of 40 WBAs per year, with an appropriate degree of reflection and feedback.
- Participate in all operative briefings with use of the WHO checklist.
- Have the opportunity to receive simulation training where it supports curriculum delivery. Have access to microscopes for microsurgical training and to the anatomy lab at Oxford University Hospital.
- undertake three or more cleft clinics a week with a mix of new and follow-up cleft patients.
- have the opportunity to participate in four or more operating sessions per week and be in a managed clinical network (MCN) with a minimum of 100 cleft births. Have the opportunity and be encouraged to visit other cleft centres in the UK and abroad to develop a deeper and broader understanding of cleft management.
- are encouraged to attend and present at the annual Craniofacial Society of Great Britain and Ireland annual meeting and any surgical special interest group (SIG) meetings. Have the opportunity to attend specialist multi-disciplinary team (MDT) clinics for the investigation and management of cleft and non-cleft speech problems.

Indication of units operative workload (five most frequent procedures relevant to this fellowship):

Procedure	Number of cases per year
Primary cleft lip repair	24
Primary cleft palate repair	40
Alveolar bone graft	30
Buccinator flaps	20
Pharyngoplasties	20