



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



RCSI SURGICAL
AFFAIRS

COVID Era Post-CSCST Fellowships Microsurgical Breast Reconstruction Fellowship July 2021

Applications for a COVID Era Post CSCST Fellow in Microsurgical Breast Reconstruction are now open.

Details of the Fellowship are outlined below

Fellowship Details

Fellowship Title:	Microsurgical Breast Reconstruction		
Sub-Specialty area:	Microsurgery		
Duration of Fellowship: (it is expected that most fellowships will be of a 12-month duration, however Fellowship proposals up to 24 months will be considered if funding has been identified)	12 months		
Main training site:	Beaumont Hospital		
Associated sites :	St. Joseph's Hospital, Raheny, Dublin. (Part of Beaumont Hospital Group), James Connolly Memorial Hospital, Blanchardstown, Dublin.		
Category:	Breast Reconstruction: Breast reconstruction with specific emphasis on microsurgical techniques.		
Clinical Component:	Dedicated multidisciplinary specialist clinics, and operating theatre sessions.		
Non-Clinical Component:	Research, teaching activities including teaching the NCHDs and RCSI students, journal club, multidisciplinary meetings and grand rounds.		
Primary Clinical Lead	Nadeem Ajmal		
Surname:	Ajmal		
First:	Nadeem		
Mobile telephone number:		Other telephone number:	
E-mail address:	Nadeemajmal.na@gmail.com najmal@beaumont.ie		
OTHER CONSULTANT TRAINERS WHO WILL TEACH OR SUPERVISE THE FELLOW (e.g. Assigned Supervisor)			
Title of Consultant Trainer 1:	Mr		
Surname:	Martin-Smith		
First name:	Jamie		
E-mail address:	jmartins@tcd.ie		
Title of Consultant Trainer 2	Mr		

Surname:	O'Sullivan
First name:	Barry
E-mail address:	barryosllivan@beaumont.ie
Title of Consultant Trainer 3	Prof.
Surname:	Hill
First name:	Arnold
E-mail address:	patoprofhill@rcsi.ie
OTHE RELEVANT CONTACT DETAILS	

BACKGROUND AND RATIONALE FOR THE FELLOWSHIP POST

Please outline the rationale to the fellowship post, See Sections 1.7, 1.9, 2.2.1, 2.2.3 on the Criteria and Standards document.

Microsurgical techniques are considered the gold standard for breast reconstruction. With increasing awareness among the patients there is an increased demand for microsurgical reconstructions. There are long waiting lists in the public hospitals and none of the private hospitals offer microsurgical reconstructions. Limited number of expertise in the field is the main constraint for provision of these services. Therefore, we need to train more surgeons with these techniques to take up the positions, which will be created in the near future in the Irish health system. Traditionally the Irish trainees would go overseas to pursue fellowships in units providing training for these techniques. However, a large number of these doctors end up in those countries due to high demand. Furthermore, Covid-19 pandemic has further complicated this issue. Due to restrictions with travelling and shut down of the health system, some of these fellowships failed to start and the others failed to deliver in the last year. These fellowships may be offered to the candidates from last year further reducing the available spaces in 2021. In Beaumont Hospital we have been able to continue performing these procedures during the current crisis. The number of procedures were reduced earlier on at the peak of the pandemic, but as we got accustomed to treating these patients with all the necessary precautions the numbers have substantially increased. Unless something very drastic happens we hope to get back to our usual numbers by summer 2021.

Beaumont Hospital has been at the forefront of provision of microvascular breast reconstructions. First free DIEP (deep inferior epigastric artery perforator flap) was performed in Beaumont Hospital by the lead clinician (Nadeem Ajmal), in November 2006. It happened to be the first such procedure performed in Ireland. Since then, Beaumont Hospital has been providing a national referral service for microsurgical breast reconstructions, especially for the complex cases. These services have expanded over the years and currently there are three full time Consultants in Beaumont Hospital, with sub specialty interest in such reconstructions. To date more than 500 microsurgical breast reconstructions have been performed by the lead clinician alone, and the numbers are increasing with the inclusion of new consultant colleagues. We therefore see a great opportunity in Beaumont Hospital to provide training in this area, to the trainees who have finished their training program and are interested in breast reconstruction as a sub specialty. The number of patients seen and microsurgical procedures performed in our unit are in par if not exceeding those in the Interphase Fellowships in the United Kingdom. Provision of a Fellowship locally, will have its own advantages to the trainee and the Irish Health system. There will be increased retention of these highly sought after fellowship trained consultants with an added advantage of being trained in the local context. For the trainees it will provide an opportunity to get trained in Ireland at a level not available to the trainees during their respective training programs without travelling abroad. If they want to pursue another fellowship overseas afterwards, they will have the experience and technical ability to get more out of it in a shorter duration of time and hit the ground running. Furthermore, issues with travelling due to Covid-19 have further increased the importance of locally available training facilities.

In Beaumont Hospital we have sufficient resources in terms of the consultant staff, number of out patient and clinical sessions that introduction of this position will not affect our current trainees. It will rather help create an environment where our current trainees will benefit from having a colleague who has finished his training program.

AIMS, CURRICULUM AND LEARNING OUTCOMES

Please outline the aims, curriculum and learning outcomes of the fellowship, See Sections 1.2, 1.3, 1.4, 1.11, 1.12, 1.13, 2.2.5, and 2.4 on the Criteria and Standards document.

Aims:

A structured, systematic approach towards breast reconstruction, specifically microsurgical techniques. At the completion of the fellowship the trainee should have good broad clinical experience in breast reconstruction in general and microsurgical breast reconstruction in particular, to be able to work as an independent consultant, with subspecialty interest.

Curriculum:

1. Systematic multidisciplinary approach towards breast reconstruction.
2. Immediate breast reconstruction.
3. Delayed breast reconstructions.

4. Salvage breast reconstructions.
5. Symmetrizing procedures.
6. Clinical research.
7. Teaching responsibilities.
8. Leadership skills.

Learning Outcomes:

1. Assessment, decision-making, completion and follow up review of all types of breast reconstructive surgery.
2. Technical skills to perform microsurgical procedures.
3. Understanding of perioperative and postoperative care.
4. Ability to perform ancillary procedures needed to improve the outcome of breast reconstruction.
5. Experience in treatment of complex cases of reconstruction with complications from their previous reconstructions.
6. To be familiar and keep upto date with the current developments in the field of breast reconstruction.
7. Ability to participate and work in a multi disciplinary environment.
8. Ability to set up a new breast reconstructive service or to be a part of of an existing team.
9. Competence as a breast reconstructive surgeon and consultant.
10. Leadership skills.

UNIQUE LEARNING OPPORTUNTIES

Please provide details of how the fellowship will protect/prioritise the unique learning requirements of the fellow (marks):

We have three highly motivated, fellowship trained consultants with sub specialty interest in the field of microsurgical breast reconstruction. There is a case mix, from routine breast reconstructions to some of the most complex reconstructions, referred from all over the country including other Plastic/Breast Surgery units. The numbers of microsurgical breast reconstructions performed in Beaumont Hospital are in par with some of the leading institutions in Europe. Due to these reasons we are in a very good position to provide a fellowship of the highest quality and be able to make sure that the trainee gets the required exposure to all the different aspects of the sub specialty. Having three consultants with same sub specialty interest will also give the fellow an opportunity to see slight variations in approach and healthy discussion of the complex cases.

In Beaumont Hospital we have sufficient resources, in terms of out patients and theatre sessions than our current compliment of Plastic Surgery trainees. Hence, we can ensure that the fellow will get sufficient amount of clinical exposure at their level. The trainee in the proposed fellowship will get priority to participate in the complex cases and this will not affect our current trainees due to a relative high volume of the cases. Unlike some fellowships, which have more than one position at the same time, resulting in dilution of the number of cases we will have only one such position, which will lead to higher case volume for the trainee.

There exists a comprehensive database of these procedures recently updated by our research fellow. This, along with protected research time will ensure good quality publications in peer review journals on the subject.

DETAILS OF THE CLINICAL COMPONENT

Please provide full details of the clinical components of this post. See Section 1.4 on the Criteria and Standards document.

Clinical activities during the year will broadly consist of:

Outpatients:

1. Weekly multidisciplinary specialist breast reconstruction clinic.
2. Twice weekly participation in Plastic Surgery clinics where the fellow will be expected to examine pre and post operative breast surgery patients. The fellow will also be expected to teach the RCSI students and other trainees. The intersting cases are usually discussed in group discussions during and after the clinic.

Main Operating room:

1. Two full day lists per week in Beaumont Hospital with at least two microsurgical reconstructions.

2. One full day theatre list per week in St. Josephs Hospital Raheny for secondary breast reconstructions and symmetrizing procedures.
3. Oppurtunity to go to the private hospitals with the consultants to participate in intersting relevant cases.

Teaching and Research:

1. Daily ward rounds with other residents and consultants.
2. Weekly teaching ward round with consultants followed by group discussion of cases.
3. Fortnightly journal club.
4. Monthly morbidity/mortality and units clinical audit meetings.
5. Dedicated half day a week for clinical research.
6. Rostered teaching activities for RCSI and fellow trainees.
7. Monthly research meeting to monitor progress with research projects.
8. Weekly breast/breast reconstruction MDM.
9. Weekly grand rounds.
10. Participation in local and national meetings.
11. Study leave for participation in international meeting of interest.

INDICATIVE CASE NUMBERS TO BE COMPLETED DURING THE FELLOWSHIP

PROCEDURE NAME	No. As Primary Operator	No. As Secondary Operator
Free DIEP flaps (Immediate/delayed)	20	60
Free second line flaps	5	15
Symmetrizing procedures	30	30
Breast reconstructions (not microvascular)	20	30
Complex salvage procedures	5	15
Capsulectomy/exchange of implants	10	20
Related plastic surgery procedures/revisions etc	5	15

ASSESSMENT

Please include details of the assessment framework and methods that will be used to assess the fellow’s satisfactory performance in training, including how this will be recorded and fed back to the fellow.

The Fellows will be assessed based on patient care, medical knowledge, technical abilities, professionalism and their interpersonal and communication skills. There will bean assessment every two months by the faculty members and the trainers looking at the progress made by the trainee. These will be interactive assessments with input from the trainee. Adjustments to the program if needed will be made according to any specific requests by the trainers and the trainee. Furthermore, any issues recognized by the trainers will be passed on to the trainee by the lead clinician and attempts will be made to address those issues. There will be a six monthly formal assessment involving an extern from the RCSI and the Programme Director in Plastic Surgery and Breast Surgery. Final assessment will be done at the end of the year.

AUDIT & QUALITY IMPROVEMENT OPPORTUNITIES

Please outline any quality improvement opportunities that will be available to the fellow when undertaking the fellowship. (marks)

Audit and quality improvement projects are vital aspects in clinical governance. It will be a must for the fellow to take on at least one audit project during the year. There are ample opportunities in the Beaumont Hospital to identify such projects. Guidance will be provided by the trainers how to identify and design a project and overcome any barriers encountered during the process. Dedicated half day a week towards research should provide ample time to pursue such projects during the working times. These projects will be discussed at 2 monthly assessments and the assigned trainer will monitor the progress. Every opportunity will be made available to the trainee to complete the audit cycle. The trainee will also have to keep a logbook of their clinical involvement. This combined with fortnightly audit; morbidity and mortality meeting will provide a base for quality improvement.

TEACHING COMMITMENTS

See Section 2.1.3 on the Criteria and Standards document.

Beaumont Hospital is a teaching hospital affiliated with RCSI. We are also a part of the higher surgical training program in Plastic Surgery and Breast Surgery. This provides us with an environment of on going and regular teaching activities. The trainee in the proposed fellowship program will have rostered teaching commitments towards the students and the fellow trainees. Currently a clinical tutor designs this roster for RCSI students and the Senior SpR for the other trainees. The fellow trainee will also be expected to help the junior trainees is identifying and guidance for research projects.

PROPOSED RESEARCH PROJECT

See Section 1.5 and 2.1.3, on the Criteria and Standards document.(marks)

There exists a comprehensive database of all the microsurgical breast reconstructions, in Beaumont Hospital. This has recently been updated by one of our research fellows and there are a few on going research projects related to this subject. At the commencement of the fellowship some potential research projects will be identified for the fellow in conjunction with the trainers.

Ethics Committee recently approved a research project, looking into the quality of life improvement in patients who had their implants replaced with autologous tissue, using free tissue transfer. This could be a worthwhile starter and a guaranteed publication in a peer review journal. We are also looking at a few different techniques of abdominal wound closure and the impact of preoperative radiological investigations for identifying perforators in the outcome of DIEP flaps.

The Fellow will be expected and encouraged to identify and set up other research projects with inclusion of other trainees in the unit. The fellow will also be assigned a research supervisor. Progress with research projects will be monitored in the monthly meetings and guidance and encouragement will be provided for their completion in a timely manner and to get them ready for publication.

AVAILABLE INFRASTRUCTURE AND SUPPORT SERVICES

See Section 2.1.3, 2.1.7, 2.3.1 on the Criteria and Standards document.

Plastic Surgery Department in Beaumont Hospital is a busy and thriving department with compliment of 7 full time consultants. There are three consultants with special interest in breast reconstruction. They are all fellowship trained and are on the specialist register with the medical council. The lead clinician was the first in Ireland to set up such a service and to date has performed more than 500 microsurgical breast reconstructions. We are also the leading unit in Ireland for all forms of free tissue transfer including those for Head and Neck and skull.

Beaumont Plastic Surgery services are spread over three hospitals in Dublin (Beaumont, St. Joseph's, Raheny and James Connolly Hospital, Blanchardstown). There is a well-developed infrastructure in place with outpatients, theatre time and ancillary services in all the three places with sufficient learning opportunities for all the trainees. Furthermore, we have a full complement of interns, CSTs and HSTs and clinical nurse practitioners, providing a very healthy and competitive learning environment.

There is a very close relationship with the Oncologic breast services providing us with a constant supply of interesting case mix. The Breast Surgery and the Plastic Surgery practice a combined approach towards breast reconstruction. The cases for immediate reconstruction are discussed in a weekly multidisciplinary meeting. There is an MDM coordinator, which makes sure that all these cases are included in the meetings and the recommendations carried on. We also have a full complement of radiological services with dedicated radiologists with an interest in breast cancer.

Furthermore, we are referred complex cases of breast reconstruction from all over the country including other Plastic/Breast surgery units. These cases are discussed in a sub group of the consultants (trainers for this fellowship) and provide interesting discussions and problem solving exercise for these complex cases.

OUTLINE HOW THIS POST CSCST Fellowship would provide a quality experience, protected training time & less focus on service delivery commitment (marks)

This fellowship is designed towards provision of a world-class training position in the field of Reconstructive Microsurgical Breast Reconstruction. The focus will be training the fellow with a multitude of these complex reconstructive techniques with minimal to none service delivery commitment. There are sufficient staffing levels in the unit to provide the service commitment. Only one such position will exist in the unit further increasing clinical and operating opportunities. Keeping in view the consultant staff with subspecialty interest in this field, the case mix and recognition of Beaumont Hospital as the tertiary referral centre for complex case this position will provide for a quality experience.

The lead clinician and the fellow trainers all hold fellowships from some of the leading units in Europe, UK, United States and Australia. We are all in agreement that we are in a position to provide training at the highest level in par with some centres of excellence.

EVALUATION AND FEEDBACK

How do you plan to provide relevant feedback and evaluation of the Fellowship Post to the College?

We plan to hold an assessment with inclusion of RCSI rep and Program Directors for Plastic Surgery and Breast Surgery at six months and at the conclusion of the fellowship. The trainee will be expected to present their logbook and portfolio cases. Any deficiencies identified by the trainee and the trainers and recommendations made will be relayed to RCSI.

We will also organise an independent assessment made by externs from two other units. They will look into the clinical activity, opportunities provided to the trainee, logbook and overall experience of the fellow during the year. This again will be passed on to the relevant authorities and RCSI.

ADDITIONAL INFORMATION

If you wish to include any additional information relating to the training post, please use the section below:

There is a high demand and need for the consultants providing microsurgical breast reconstructions. There are long waiting lists in the public hospitals and no such surgery is offered in any of the private hospitals. Consultants trained in microsurgical techniques are in high demand. We need to train our NCHDs in this field and hope that they will stay in Ireland to provide this much needed service.

These fellowships in general are open to the Plastic Surgery trainees. There are only a few fellowships open to the breast surgery trainees providing microsurgical reconstructions. However, this fellowship will be open to both the Plastic Surgery and the Breast Surgery post CSCST candidates. We are able to provide this due to the close association of the Plastic Surgery and the Breast Surgery in our hospital.

Signature of the Clinical Lead/Assigned Supervisor (electronic signature is acceptable)
