



## Curriculum 2021: it's implications for breast surgical trainees

### Webinar Q&A

**Below is a list of questions raised in the recent Mammary fold webinar.**

**This list is not exhaustive but hopefully summarises some of the raised concerns.**

### Curriculum

**Are there any specific requirements (time wise or assessments) that need to be completed in non-breast rotations prior to entering Phase 3? If you've met your index numbers could you do more breast jobs earlier?**

*It is anticipated that you will spend 12 months in Phase 2 in a GI specialty. Rotation placement is at the discretion of your TPD and will be on an individual basis and should be discussed with them. But you must complete all the general surgical competencies in order to progress to Phase 3.*

**Will I be on the old or new curriculum?**

*Anyone with <12 months to CCT (including those currently on maternity leave who will return and CCT prior to 2023) has the option to decide between staying on the old or new curriculum. This should be considered after discussion with your ES/TPD. All other trainees (with >12 months to CCT) will be automatically moved across to the new curriculum. Anyone who is still in training at 2023 will be also automatically moved across if they haven't achieved CCT by this time.*

## **Is there a timeframe for breast surgery separating from general surgical training?**

*This is still under-going discussion but this new change is the first step in the right direction.*

## **Assessments**

### **Do we still need WBAs and if so how many?**

*There are still some required numbers for WBAs but they are significantly less than previously, the biggest change in assessment is the Multi Consultant Report (MCR). Individual numbers can be found in the curriculum [here](#).*

### **Can competencies and audits/publications from CT/IST be carried over?**

*All of these are relevant for your CV and Consultant applications but it would be expected for you to achieve new competencies in Audit and Research as per the General Surgical Curriculum.*

### **How many Consultants are required for the MCR and who chooses them?**

*A minimum number of 2 however to get a global assessment the more Consultants involved the better, they are chosen by the AES.*

### **Is there any specific support for anyone considering CESR route if unable to obtain NTN? Are the competencies the same?**

*The competencies are the same for CESR route including the exam. The curriculum (via ISCP website) and CCT checklist (via JCST website) should be adhered to and meticulous documentation. Specific support for CESR route may be dependent on local trust policies.*

### **How would the panel recommend assessing competencies in managing clinics and MDTs?**

*There are five Capabilities in Practice (CIPs) that require the capability at the level of a day-one Consultant. In your question you*

*mention being able to “Manage an out-patient clinic” and “Manage multi-disciplinary working”. In terms of assessment this is reflected in the MCR and in practice this evidence would be collated from attendance, participation and active involvement in these roles. The impact of COVID has changed the way that these modalities perhaps are delivered but the assessment of trainees in these roles should be the same.*

**Local perforator flaps are rarely performed in my region and there is no TIG fellow post locally. I am already part way through ST7 as I am LTFT and would struggle to achieve 25 flaps in the time I have left if I am made to go on the new curriculum. Are these numbers realistic in all regions?**

*Again depending on your CCT date it is worth discussing with your TPD if you are able to stay on the old curriculum. It is anticipated that this is an achievable number within Phase 3, but regional variations in practice will require considered placement by the TPDs.*

## **CCT**

**Will the final CCT be in “General Surgery and Oncoplastic Breast Surgery” or “Oncoplastic Breast Surgery”?**

*Completion of Phase 3 in the 2023 curriculum will enable a CCT in EGS and Oncoplastic Breast Surgery.*

**Will trainees who wish to continue to CCT with EGS be supported with this?**

*It is a personal choice and you will be supported by your TPD and ES; but the competencies to achieve for the breast curriculum will be challenging if still maintaining an on-call commitment. With the exception of Northern Ireland, there are few Breast Consultant posts now that require cover of an EGS on-call.*

## **Exams**

**When can I sit the FRCS exam?**

*You are eligible to apply for the FRCS after achieving an Outcome 1 at ST6 ARCP. In practice this will be towards the end of Phase 2.*

**Is the FRCS still going to be general for the foreseeable future despite the curriculum changes?**

*Yes the FRCS will remain tailored to the current syllabus and should be attempted after achieving an Outcome 1 at ST6 ARCP which is anticipated to be at the end of Phase 2.*

**On-call**

**Can trusts demand for us to remain on the on-call rota at ST7/8 if there is not enough surgical registrars in the trust?**

*You will be supported to achieve your competencies and in Phase 3 this focus is on Oncoplastic breast training. If you choose to come off the on-call rota then this should be supported and appropriate rotation placement made by your TPD. If this is not the case please contact SAC for support.*

**Do we have a feeling from TPDs nationally about how easily they are going to be able to release the breast trainees in their final two years?**

*There is regional variation in number of breast trainees but it should not be a significant number per trusts to cope and anticipate with trainees coming off the on-call rota. If there is any push-back from Trusts then trainees are encouraged to contact the SAC, ABS regional rep or Surgical tutor for support.*

**Pay**

**What happens to trainees pay if they come off the on-call supplement?**

*Trainees will lose the on-call supplement to their pay and this impact should be considered on an individual basis. There are currently two iterations of contract and so we recommend you contact the BMA to get a tailored response as there are slightly different rules that will*

*apply to both. The TCS for 2002 can be found [here](#) and the TCS for 2016 can be found [here](#).*

**If you are LTFT coming off the on-call rota this may have a significant impact to pay. Will it force flexible trainees to come to full time training to be financially able to continue?**

*This is an individual decision and again contact the BMA to get an idea of what your pay would be at different flexible training levels with or without an on-call supplement. Equally there are options such as additional locum cover which maybe able to supplement pay and still contribute to a more flexible working arrangement, or full time may increase your pay enough to cover your financial obligations. We would encourage you to discuss with your TPD and find an arrangement that best suits your personal circumstances.*

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