

There is no doubt that certain surgical disciplines can overlap in the conditions they treat. This area of 'interface' has led to the development of new senior surgical training fellowships. The authors of this article have been heavily involved in driving this initiative forward and here they explain the project and what trainees can expect from such fellowships.

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Interface specialty training in the UK

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An interface specialty is one in which surgeons graduate from two or more disciplines within medicine to share a common area of practice. The vision of interface working is for consultants from more than one discipline to provide multidisciplinary teaching in order to promote the best quality of care to patients. An interface specialty is different from a subspecialty that sits entirely as a subset within one of the parent disciplines.

Hand surgery was in the vanguard of the interface developments, with the first fellowships appointed over 17 years ago. Other developments followed and Table 1 lists the current interface specialties. Future developments might include craniofacial surgery. Although most training interface group (TIG) posts are currently functioning between surgical disciplines there have been recent developments in concert with dermatology colleagues – dermatology is now represented on the cosmetic TIG. There are further discussions taking place about linking plastic surgery with dermatology to start Mohs surgical fellowships.

All TIG posts have approval from the Postgraduate Medical Education and Training Board (PMETB) and from the College. Trainees undertaking cosmetic surgery in the private sector also have PMETB approval and are covered by the NHS Litigation Authority.

Where previously TIG fellowships were placed at the mid point of the specialist registrar pay scale, post holders are now more appropriately remunerated at the top of the scale. Furthermore, the centralised nature of the current funding arrangements has made it possible to utilise any budget underspend to support study leave, interview and course travel expenses. The guiding principle has been to have the training budget follow the trainee. The interface project has standardised the structure and process of the various fellowships in order to achieve common standards of excellence in these posts. TIG posts benefit from a national appointments system, parallel to that for specialty trainees.

A major advance in developing these fellowships has been the appointment of a Lead Dean. In the recent past funding for

the cleft surgery and head and neck surgery fellowships has been provided by the South West Strategic Health Authority (SHA). Funding was secured in 2009 for the new cosmetic surgery fellowships. For 2010–2011 the funding for existing breast and hand surgery fellowships will also be via the South West SHA. These arrangements have enabled the Severn Deanery to organise and run national recruitment for all of these fellowships and to advertise them through the JCST (www.jcst.org/training_interface_groups/faqs) and Severn Deanery websites (www.severn deanery.nhs.uk). Both of these sites have an FAQ section on eligibility criteria and application procedures.

A national Educational Advisor has been appointed to work with the Lead Dean to support these fellowships by undertaking quality management of the centres of excellence and looking at how to improve the training opportunities these centres offer.

In practice the greatest impact of the interface developments has been for

plastic surgery as this discipline is common to all current developments. Plastic surgery is a specialty defined primarily by its reconstructive skill set more than by specific body system. The future of plastic surgery rests in developing collaborations within the various interface areas and in continuing to innovate within the area of new technologies. It is important that existing consultants within plastic surgery work to develop their own interface connections, defining the need for their particular contributions.

Training interface groups

Each interface specialty is administered by a corresponding TIG, which works between the parent specialty advisory committees and looks to the professional associations to provide additional members. TIGs are part of the college committee structure. The role of the groups is to supervise and standardise the training programmes for the interface fellowships and to ensure that these reflect the aspirations we have for these fellowships. Previously there were five yearly on-site inspections, which represented a thorough evaluation of the programme.

Each of the posts supervised by the TIGs is supported by a named liaison member who is available to support the trainee and the consultants as and when issues arise. The liaison member structure facilitates communication with the TIG and comparison of the different posts nationally. Logbooks and ‘green forms’ are submitted at the end of each post and reviewed by the committee. Concerns are raised confidentially through the green-form system.

Departments that would like to host a fellowship are encouraged to prepare a trainee-centred programme and to submit their proposal to the relevant interface committee. There are currently a number of new centres developing applications and it is likely that the allocation of posts will become increasingly competitive. In the case of the head and neck and the cosmetic interface groups, expressions of interest have been sought nationally and the TIG has shortlisted and selected from these. It is important that the training

opportunities of interface fellowship holders should not be compromised by existing commitments to other specialist trainees or post-CCT fellows.

Trainee supervision

Each trainee needs to have an educational supervisor responsible for overseeing and coordinating his or her training. In addition, the trainee will be advised of his or her liaison member from the TIG and is provided with contact details soon after appointment. The liaison member is from another, often neighbouring, region. It is envisaged that the liaison member will make contact with his or her trainees on an approximately six-month basis. At the commencement of the post a learning agreement is drawn up and this is reviewed at regular intervals.

National selection/appointment procedures

TIG fellowships are appointed in open competition following national advertisement and should be taken during the final years of training (typically ST7–8). The selection process is run once or twice a year depending on the group. Selection is based on assessment of CV, shortlisting and interview with representatives of each of the host training units present on the interview panel.

It is part of the requirements that the successful candidate be in possession of the relevant intercollegiate specialty examination when starting the job. Candidates may only apply for a TIG fellowship after passing section 1 of the

intercollegiate examination and can only be appointed to a post after passing section 2. At interview it needs to be made clear to trainees that appointment to the post is dependent on passing the intercollegiate examination. Experience has shown that trainees benefit little from fellowships undertaken while preparing to retake exams.

The TIG fellowship must be begun prior to the date of the CCT. The CCT can be amended and deferred until after completion of the fellowship. Successful candidates at interview should be asked to give a commitment of at least 12 months to those fellowships that can last up to 24 months (head and neck, cleft lip and palate).

Successful appointees will keep their national training number until completion of the fellowship and attainment of their CCT. Record of in-training assessments and annual reviews of competence progression are normally carried out by the parent deanery with outcomes reported to the host deanery. A certificate of completion of fellowship training will shortly be awarded recognising those who successfully complete their fellowships. At the discretion of the parent training programme director and deanery, and of the host trust in consultation with the appropriate interface committee, the post holder may continue on local funding for the six-month period following attainment of the CCT at completion of the fellowship.

TABLE I					
TIGS AND THEIR PARTICIPATING PARENT SPECIALTIES					
	Breast	Cleft	Reconstructive cosmetic	Hand	Head and neck
Plastic surgery	•	•	•	•	•
Orthopaedic surgery				•	
Breast surgery	•		•		
ENT surgery		•	•		•
Maxillofacial surgery		•	•		•
Ophthalmic surgery			•		
Paediatric surgery		•			
Dermatology			•		

Advantages

These posts give exposure and experience at the highest level within the parent specialties. This prepares the trainee for the multidisciplinary future of our practices; those who have undertaken TIG fellowships will be in the vanguard of this type of working. Future departmental structures may include practitioners trained in the complementary disciplines. There have been several successful precedents for this type of working arrangement within hand surgery. The TIG fellowships incorporate the best that modern surgical training has to offer while preserving elements of the traditional apprenticeship model. Timetables are reviewed to ensure that weekly commitments are selected for their educational content and that experience is substantially supernumerary.

Limitations

In every surgical training programme there is the opportunity to spend up to a year on out-of-programme experience. As most of the TIG posts are held for one year a choice may need to be made between these two experiences. Although the interface fellowships have to be started within the training years this does not preclude an additional valuable overseas experience being undertaken pre or post-CCT.

The timelines for application to the interface posts and passing the intercollegiate specialty examination in the parent specialty are quite stringent and failure in the examination may set plans for the fellowships awry. As surgical training becomes competency-based rather than fixed on a set number of years this particular tension should find its own resolution.

Training interface group study weekend

A national residential course was held for all interface fellows on 26–27 September 2009. Three further national courses have been arranged for 2010–2011, covering topics such as the role of the consultant in the modern NHS, leadership and litigation.

Concluding comments

It is important for trainees to recognise the immense hard work of the SACs, TIG committees, parent deanery training programme directors, host deaneries and trusts in delivering these TIG fellowships. The current structures are delivering a high degree of accountability in these posts and have achieved an important integration of training, service and workforce planning needs. With the new structure the processes involved should become more streamlined and efficient. Additional funding will support individual TIG committees, study leave, course and professional generic development opportunities.

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Appendix

Specific details of the different interface posts

HAND

- > 6–12 months in one of nine possible centres
- > Logbooks and trainee feedback reviewed by TIG at twice-yearly meetings
- > Trainee encouraged to be part of on-call rota of parent specialty

HEAD AND NECK

- > 12–24 months in one of seven centres
- > Trainee feedback monitored by interface committee via mentoring
- > Logbooks and trainee feedback reviewed by TIG at twice-yearly meetings
- > Trainee encouraged to be part of on-call rota of parent specialty

CLEFT LIP AND PALATE

- > 12–24 months in one of five centres
- > Trainee feedback monitored by interface committee via mentoring
- > Logbooks and trainee feedback reviewed by TIG at twice-yearly meetings
- > Trainee encouraged to be part of on-call rota of parent specialty

BREAST

- > 12 months in one of nine centres
- > Trainee feedback monitored by interface committee via mentoring
- > Logbooks and trainee feedback reviewed by TIG at twice-yearly meetings
- > Trainee encouraged to be part of on-call rota of parent specialty

RECONSTRUCTIVE COSMETIC

- > 4-month fellowships in one of 12 centres
- > Trainee feedback monitored by interface committee via mentoring
- > Logbooks and trainee feedback reviewed by TIG in meetings four times yearly
- > No on-call commitment