

# **HIGHER SURGICAL TRAINING IN OTOLARYNGOLOGY FOR THE CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING**

**Version 9  
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## **SPECIALIST ADVISORY COMMITTEE IN OTOLARYNGOLOGY**

Higher Specialist Training in Otolaryngology for the Certificate of Completion of Specialist Training.

### **1. Objectives**

To provide a six year postgraduate intensive and structured training programme for those who have completed Basic Surgical Training so that they can enter independent otorhinolaryngological (ORL/HNS) practice and achieve a standard of quality acceptable to the UK and the EEA.

To produce ORL/HNS Consultants capable of fulfilling their duties within the National Health Service to a standard acceptable to the surgical Royal Colleges.

To identify those Specialists in otorhinolaryngology and head and neck surgery who have special skills in teaching, research or those who are suitable for advanced training.

To develop attitudes during training which will encourage Continuing Medical Education.

### **2. Introduction**

While the principal requirement of the training programme is to provide comprehensive training in the Specialty, it is recognised that some regional programmes will have special emphasis on certain aspects. However, it is important that a balance is achieved in all modalities, and programmes having significant deficiencies cannot be recognised even though excellent training may be offered in other fields.

The six year programme must provide adequate diagnostic, investigative and operative experience in all aspects of the specialty on patients of all ages and in adequate numbers. The trainee must also acquire a thorough experience in the management of emergencies. The trainee is also expected to understand the principles of Health Service management and audit. The training programme, besides providing comprehensive clinical experience, should also offer adequate research opportunities and full library and audio-visual facilities. Opportunities for the dissection and study of both anatomical and pathological material must be made available. The senior staff must be available for the regular discussion of both clinical and academic problems and for advice on the preparation of publications. Trainees must be encouraged to take their study leave to attend clinical meetings and conferences. It is the duty of the trainer to encourage an interest in research and to support the trainee in acquiring the time, money and apparatus involved.

The six year programme will normally consist of three sections. During the first year the trainee will be expected to undertake and have knowledge of all the procedures listed in Column 1 of the Appendices, and likewise, the trainee in his or her second, third and fourth years will be expected to undertake the same for those procedures in Column 2. In the fifth and sixth years the trainee will

either reinforce his or her skills in the basic syllabus or, after discussion with the Programme Director, begin training in a sub-speciality as shown in Column 3.

### **3. Registration with the SAC in Otolaryngology**

The trainee must fulfil the necessary requirements to enter HST, that is "satisfactory completion of basic surgical training (or equivalent) and possession of the MRCS/AFRCS (or equivalent), such equivalence being jointly agreed by the surgical Royal Colleges of Great Britain and Ireland".

Following appointment to the Specialist Registrar grade, trainees must contact the SAC immediately in order to register for Higher Surgical Training. The appointments committee should be aware that the appointment of a young trainee into a comprehensive training programme will, in effect, be selecting the ORL/HNS Specialist and Consultant of the future and this needs to be recognised at the time of the interview.

### **4. Educational Approval of Higher Surgical Training Programmes**

Educational approval of the training programmes in the specialty is given by the Joint Committee on Higher Surgical Training on the advice of the SAC. The SAC will be responsible for inspection and educational approval of training programmes at prescribed intervals.

### **5. Training Programmes**

Each training programme will be constituted so that the trainee will achieve increasing knowledge and clinical responsibility on a graduated basis throughout the six year training programme. A job description of the programme will be agreed with the trainee. The first four years will cover the basic sciences and surgical procedures (as shown in Columns 1 and 2 of the Appendices) and the Intercollegiate Specialty Examination will be taken on completion of the fourth year. The fifth and sixth years of training will be devoted to more advanced ORL/HNS training (Column 3 of the Appendices) or reinforcement of the basic curriculum.

The following principles should be used for guidance when planning a training programme:-

- (a) As training progresses, there should be a clear hierarchy with increasing levels of responsibilities. It is reasonable for trainees to have an operating list of their own in the latter part of training, appropriate to their level of competence. The trainees' timetable should be sufficiently flexible to allow access to any work of importance by the trainer.
- (b) The trainee should be involved with the management and organisation of the whole department.
- (c) Daily business ward rounds, with all junior staff, led by the most senior trainee should be a feature of the timetable.
- (d) Appropriate annual study leave should be agreed with the Postgraduate Dean and Programme Director.
- (e) There should be regular educational activities, departmental audit and collaboration with other departments. There should be access to audio-visual and secretarial facilities for research work and teaching. Trainees should, at some period, be involved in undergraduate and postgraduate teaching. The trainees should have access to office space of their own.

## **6. Log Books**

In order to ensure the acquisition of comprehensive experience in all aspects of the speciality, the trainee will be required to keep a personal register of operations performed during his or her period of training and this will be kept as a permanent record of the trainee's activity. All operations are to be entered into the log book provided by the SAC and this register of operative experience is to be signed by the trainer supervising the programme. The trainee must be given the opportunity to follow-up patients and to maintain an adequate record of this. The log book will be made available for the annual or SAC assessment.

## **7. SAC Interviews**

In addition to the regular regional interviews with trainees as part of the assessment process, representatives of the SAC will interview career trainees as part of the quinquennial review of training programmes. Flexible trainees will also be interviewed by the SAC at least once during their HST. The various facets of training being offered will be thoroughly reviewed and any deficiencies in the trainee's progress identified and discussed. The trainers will be informed of these deficiencies and promotion through the training programme may be delayed if the SAC is not satisfied that the expected level of training has been achieved.

## **8. Courses**

There are courses established on rhinoplasty, endoscopic sinus surgery, head and neck surgery including rehabilitation, paediatrics, temporal bone surgery, advanced surgical otology, audiology courses and ORS research methodology. There are regional and national programmes of lectures covering ORL/HNS subjects offered in different centres in the UK by the Education and Training Committee of the BAOL which has been charged with the task of formalising the structure of these postgraduate lectures.

## **9. A Period of Training Outside Clinical Training in the UK**

- (a) Trainees should be encouraged to spend time abroad for further training in established centres. Up to 12 months towards HST can be allowed for time taken abroad for a programme approved by the SAC but approval must be sought prospectively. Such leave may not be taken during the first year of HST.
- (b) Where trainees have a special interest in research, they may decide to take a longer period out of training if they wish to pursue an academic career or seek to obtain a higher degree.

Trainees are asked to note that it is imperative to notify the SAC, in advance, of any changes to their training programme involving a move to another training centre outside the UK, a period of secondment overseas or a move into a research post. Recognition of the periods may be denied unless the trainee notifies the SAC of his or her intentions before taking up the post.

## **10. Research**

The SAC accepts that not all candidates will necessarily benefit from undertaking research. However, all trainees have to understand research methodology and basic statistics so that they are able to evaluate the literature as part of their continuing medical education. Their ability in this field will be assessed in the Intercollegiate Specialty Examination. Training in literature evaluation is best achieved initially by attending lectures or courses, followed up by regular meetings to discuss scientific articles (Journal Clubs) which are trainer led.

Facilities to undertake research or audit should be available throughout the entire training period for each trainee, within the guidelines of the *'Terms and Conditions of Service for the Specialist Registrar Grade'*. Not all trainees will require this time allocation and clinical duties would be substituted.

Research projects should be supervised by a designated trainer to whom the trainees will be accountable for these sessions in these periods. Each project should have clearly documented aims and methods. The supervisor will be required to report the progress of each project at regular intervals to the local training committee.

A trainee who wishes to undertake basic laboratory research ie genetics, molecular biology or electrophysiology could learn these techniques either before entering HST or during the 'flexible' year in all but the first year of HST.

The number and type of papers published by a trainee is likely to materially affect their competitiveness for consultant appointments. However, it is expected for training purposes that all trainees should, in their six year training period:-

- (a) Carry out, under supervision, at least three audit projects where the outcomes of patient management are assessed. These should have been presented at least to a hospital meeting.
- (b) Carry out, under supervision, at least one research project, planned prospectively, have presented it to a regional or national professional meeting and have it accepted for publication.

## **11. General Management Training**

This should take place as a continuum over the six year training period and the trainee should have the opportunity of taking part in management courses for clinicians and also should be exposed to, and involved in, the day to day management of his or her unit. Those wishing to specialise in this area should be encouraged to take the MBA in Health Care by means of the part-time training course organised by the BMA. This should not be started, however, until the Intercollegiate Specialty Examination has been passed.

## **12. Award of the CCST**

The SAC will assess whether trainees can be recommended for the award of a CCST at the end of the training programme. To gain the CCST (UK), trainees must:-

- (a) Satisfactorily complete six years higher specialist training, of which a minimum of five years must be in clinical ORL/HNS. The training programme allows for one flexible year of training.
- (b) Submit logbook(s) covering their period in HST, signed by the trainer supervising their training programme, for inspection and approval by the SAC.
- (c) Pass the Intercollegiate Specialty Examination in Otolaryngology.
- (d) Receive satisfactory assessments from consultants in charge of the training programme indicating a generally satisfactory performance.

In addition to the above, written assessments (at six months, one year and then annually) signed by the trainee and trainers, must be submitted to both the SAC and the Regional Postgraduate Dean. The trainee's progress will be monitored by the procedures outlined in the *Guide to Specialist Registrar Training* published by the National Health Service Executive (NHSE).

If the SAC is satisfied that the trainee has satisfactorily completed the training programme, it will make the appropriate recommendation to the Royal College of which the trainee is a Fellow (or to the nominated College if the trainee is a Fellow of more than one College). The College will then recommend the award of a CCST to the Specialist Training Authority of the Medical Royal Colleges (STA) .

## **SYLLABUS**

The training period will be divided into three segments.

1.     **Year 1**                      Basic training in ORL/HNS. The trainee must have gained experience in all the listed techniques.
2.     **Years 2, 3 & 4**            These procedures are grouped together because of training rotations. Experience may be gained at different times. All trainees will be required to have gained sufficient experience in a majority of the listed techniques.
3.     **Years 5 & 6**            Those trainees who have by this stage passed the Intercollegiate Specialty Examination may:
  - (a)     Refine the skills learned in the first four years with increasing personal responsibility.
  - (b)     If considered suitable by their Programme Director begin sub-specialist training. At this stage the trainee may be required to go to another centre either within the UK or overseas to gain the necessary experience.

## **Basic Sciences**

General anatomy, physiology and pathology will have been learnt as part of Basic Surgical Training with the relevant critical care component but more detailed anatomy and physiology will be assessed in the Intercollegiate Specialty Examination. Trainees should know the anatomy of the head and neck, eyes, thorax, spine and related areas. They should have a detailed knowledge of the physiology of balance, hearing, speech, nasal function and swallowing. Teaching of these subjects may, in future, be aided by distance learning courses or reading lists.

## **Sub-Specialty Training**

Sub-specialty training is encouraged and should begin in earnest in the fifth and sixth years of training. The sub-specialty interests are listed in the column under the heading of the fifth and sixth years of surgical procedures. Trainees should be encouraged to spend time in another recognised centre in the UK or abroad for further advanced or sub-specialty training. This will usually take place during their fifth or sixth years after being awarded the FRCS(ORL) or shortly after completing HST. Up to 12 months towards HST will be allowed for time taken in this way for a

programme approved by the SAC. Where trainees have a special interest in research, they may decide to take a longer period out of training if they wish to pursue an academic career or seek to obtain a higher degree. The application for approval should be made to the SAC before taking up the post.

## **OUTLINE FOR TRAINING IN OTHER SUB-SPECIALTIES**

### **Advanced Otology**

(see Appendices)

### **Advanced Rhinology**

(see Appendices)

### **Head and Neck and Reconstructive Surgery**

(see Appendices)

### **Paediatric Otorhinolaryngology**

Management of routine ORL disease in the child with developmental, immunologic and other systemic disease

Congenital ear surgery

Special paediatric audiology

Bone anchored hearing aids

Cochlea implants

Assessment and management of chronic airway disease

Paediatric endoscopy (bronchoscopy, oesophagoscopy, microlaryngoscopy)

Choanal atresia repair

Management of congenital and developmental malformations of the head and neck.

### **Skull Base Surgery**

Those intending to specialise in skull base surgery will have to seek a post where they can work within a combined skull base group in conjunction with neurosurgeons, maxillofacial and plastic surgeons both pre and post operatively. It will be essential to learn the basic fundamentals of care of the neurosurgical patient.

There should be access to all modern imaging techniques.

There should be an adequate number of referrals for the trainee to acquire proficiency in anterior, middle and posterior skull base surgery, both in benign and malignant disease.

## **Regional Plastic Surgery**

Those who are interested in acquiring expertise in facial surgery other than otoplasty and rhinoplasty which are taught in the basic syllabus must seek a trainer with an adequate case load both in the private and NHS areas to give adequate training both in assessment and performance of the operations.

## **Phoniatrics**

Trainees wishing to learn this largely European specialty must train in a centre where the trainer routinely uses videostroboscopy, glottography, spectography and air flow measurements. Experience in subjective assessment from speech pathologists should be available. There should also be a particular interest in phonosurgical procedures.

RHINOLOGY		
YEAR 1	YEARS 2, 3 & 4	YEARS 5 & 6
Nasal cautery	Sinus endoscopy	Revision rhinoplasty
Nasal packing	Endoscopic polypectomy	Revision septoplasty
Control of epistaxis	Endoscopic antrostomy	Complicated rhinoplasty
Basic septal surgery	Endoscopic ethmoidectomy	Lateral rhinotomy
Antral lavage	Fronto-ethmoidectomy	Osteoplastic flap
Turbinate surgery	Frontal sinus trephine	Angiofibroma removal
Foreign body removal	External ethmoidectomy	Septal dermoplasty
Nasal manipulation	Radical antrostomy	Hypophysectomy
Nasal polypectomy	Reduction rhinoplasty	Young's operation
Inferior meatal antrostomy	Augmentation rhinoplasty	Rhinophyma
	Septo-rhinoplasty	Extended application of endoscopic surgery (orbital decompression, dachryocyst rhinostomy, cerebro-spinal fluid leakage, mucoceles)
	Ligation ethmoid artery	
	Ligation maxillary artery	
Assessment of nasal symptoms	Olfaction & taste testing	
Diagnostic nasal endoscopy	Rhinometry (incl acoustic)	
Evaluation of sinus imaging	Respiratory function tests	
	Assessment of sleep disorders	
	Ciliary function tests	
	Nasal smears	
	Immunology & skin tests	



OTOLOGY		
YEAR 1	YEARS 2, 3 & 4	YEARS 5 & 6
Otoscopic assessment and cleaning of ear	Myringoplasty	Repair meatal stenosis
Ear packing	Cortical mastoidectomy	Revision middle ear & mastoid surgery
Myringotomy and ventilation tubes	Modified radical mastoidectomy	Ossicular reconstruction
Foreign body removal	Radical mastoidectomy	Stapedectomy
	Meatoplasty	Combined approach tympanoplasty
	Otoplasty	Sacculus decompression
	Removal of osteomas	Vestibular nerve section
	Basic assessment childhood deafness	Acoustic neuroma surgery
Audiometry AC & BC	Rehabilitation of severely deaf adult	Facial nerve grafting
Basic vestibular tests	Tinnitus tests	Congenital ear surgery
Impedance audiometry	Diagnosis & assessment of disorders of balance	Specialised vestibular testing
	Electronystagmography	Specialised paediatric/adult audiometry
	Hearing aids	Petrosectomy
	Evoked response audiometry	Bone anchored hearing aids
		Cochlea implants
		Rehabilitation of facial palsy

## MOUTH, PHARYNX & OESOPHAGUS

YEAR 1	YEARS 2, 3 & 4	YEARS 5 & 6
Adenoidectomy	Excision benign tongue lesions	Excision pharyngeal pouch
Tonsillectomy	Biopsy nasopharynx	Endoscopic treatment of pharyngeal pouch
Arrest adenotonsillar haemorrhage	Uvulopalatopharyngoplasty	
Drainage peritonsillar abscess	Pharyngeal cryosurgery	
	Diagnostic endoscopy	
	Swallowing assessment and rehabilitation	
	Common diseases of the oral cavity	
	Basic dental pathology	
	Assessment & therapy of swallowing disorders	
	Oesophageal & pharyngeal manometry	

LARYNGOLOGY		
<b>YEAR 1</b>	<b>YEARS 2, 3 &amp; 4</b>	<b>YEARS 5 &amp; 6</b>
Laryngoscopy - Indirect Direct Flexible	Tracheostomy - Adult & Child Cord lateralisation procedure Cord medialisation procedures Thyroplasties Microlaryngoscopic surgery and laser skills Excision laryngocele	Repair of laryngo-tracheal stenosis
Principles of speech therapy	Rehabilitation of speech Video stroboscopy Speech disorders in children Speech & hearing problems in cleft palate	Advanced assessment of voice - laryngography & spectography

ENDOSCOPY		
<b>YEAR 1</b>	<b>YEARS 2, 3 &amp; 4</b>	
Direct endoscopic technique in adults	Oesophagoscopy	- Diagnostic Therapeutic Paediatric
	Bronchoscopy	- Adult Paediatric

## THE NECK

YEAR 1	YEARS 2, 3 & 4
FNAB	Gland biopsy
Drainage neck abscess	Removal branchial cyst
Excision lesions of skin appendages	Removal thyroglossal cyst
	Fistula care
	Management of wound breakdown
	Management of open neck wounds
	Thyroidectomy        -        partial
	-        total

## HEAD AND NECK ONCOLOGY

YEAR 1	YEARS 2, 3 & 4	YEARS 5 & 6
Combined clinic experience	Excision skin tumour	Radical neck dissection
Assessment of upper aero-digestive tract symptoms	Skin grafts	Modified neck dissection
Principles and complications of Radio/Chemotherapy	Stomal revision	Repair of fistula
Pain relief/Terminal care	Tracheo oesophageal puncture	Replacement neck skin
		Myocutaneous flaps
		Free flaps
		Hemilaryngectomy
		Supraglottic laryngectomy
	Swallowing rehabilitation	Near total laryngectomy
	Speech rehabilitation	Total laryngectomy
		Laryngopharyngectomy
		- total
		- partial
		Laryngopharyngo- oesophagectomy
		Stomach pull-up
		Maxillectomy -partial -medial -cranio-facial
		Approaches to infratemporal fossa
		Glossectomy - partial - total
		Commando operation
		Lateral neck surgery of neurogenous tumours

SALIVARY GLANDS		
<b>YEAR 1</b>  Assessment of salivary gland disease  Salivary gland imaging and ultrasound	<b>YEARS 2, 3 &amp; 4</b>  Minor salivary gland biopsy  Major salivary gland biopsy  Duct surgery  Intra-oral stone removal  Excision submandiblar gland	<b>YEARS 5 &amp; 6</b>  Superficial parotidectomy  Total parotidectomy