

## Certification Guidelines for Otolaryngology

### All trainees seeking certification in Otolaryngology must:

- a) be fully registered with the GMC and have a licence to practise (UK trainees) or be registered with the IMC (Republic of Ireland trainees).
- b) have undertaken 6 years of higher surgical training in a UK or Ireland training programme<sup>1</sup>.
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies)<sup>2</sup>.
- e) be able to demonstrate the acquisition of the appropriate Generic Professional Capabilities (GPCs) as described in the GMC framework (UK trainees only).

In order to be awarded an outcome 6 at final ARCP, the SAC would expect that trainees should be able to satisfy the following specialty specific guidelines:

	<b>Guidelines for Otolaryngology</b>
<b>Clinical experience</b> - evidence of the breadth of clinical experience defined in the specialty syllabus and experience in one or more special interest areas.	<p>The time spent in HST<sup>3</sup> should have been in posts, in a minimum of 3 units, which are compliant with the JCST/SAC ENT QIs 1-9 and 10-14. Clinics must conform to ENTUK guidelines.</p> <p>Trainees must have managed 1000 emergencies in HST or have done 300 nights on call.</p> <p>Trainees should have experience in special interest clinics across the range of: paediatric ORL, audiological, audiovestibular, otology, head &amp; neck and thyroid (including oncology), voice, rhinologic/allergy, oncology, snoring/sleep apnea.</p> <p>Trainees should have rotated through all of the main subjects within the ENT curriculum: otology, neurotology, paediatrics, benign head and neck, head and neck oncology, rhinology and sinus surgery, facial plastics, voice and balance.</p> <p>Trainees should develop their clinical experience in one or more special interest areas.</p>

<sup>1</sup> This will include out of programme training. The 6 year period is indicative and whilst most trainees will need to complete this training time, if a trainee has completed the syllabus in its entirety then it may be possible to reduce this time. A trainee who wishes to be considered for a reduction in training time should contact the JCST.

<sup>2</sup> For Republic of Ireland trainees, RITA G (CAPA G).

<sup>4</sup> Trainees will usually spend 6 years in Higher Surgical Training (HST).

<p><b>Operative experience</b> - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus</p>	<p>Trainees must be competent in the management of, and procedures allied to, emergency care. Their logbook should demonstrate an absolute minimum as the principal surgeon:</p> <ul style="list-style-type: none"> <li>• 10 Mastoid operations as principal surgeon (P, T, S-TU, S-TS)</li> <li>• 10 major neck operations as principal surgeon (including all neck dissections, all open malignant head &amp; neck surgery, parotid and thyroid surgery, P, T, S-TU, S-TS)</li> <li>• 10 tracheostomies (P, T, S-TU, S-TS)</li> <li>• 10 Paediatric Endoscopies (including flexible) as main surgeon(P, T, S-TU, S-TS)</li> <li>• 10 Septorhinoplasties as main surgeon (P, T, S-TU, S-TS)</li> <li>• 10 FESS as only scrubbed surgeon (P, T, S-TU)</li> <li>• 10 removal of foreign bodies from airway (including nasal foreign bodies and fish bones) (P, T, S-TU, S-TS)</li> </ul> <p>Trainees should have undertaken 2000 operations during the six years of training (as principal or main assisting surgeon) in a training unit with a minimum throughput of 500 operations per annum per higher surgical trainee.</p> <p>Trainees should be able to demonstrate areas of specialist interest by advanced surgical or medical experience in logbook and/or CV. e.g. fellowships (UK or overseas, including interface fellowships), attendance at specialist combined clinics, documented logbook experience of large caseload in chosen area of special interest.</p>
<p><b>Operative competence</b> - evidence of competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)</p>	<p>Trainees should have been exposed to all the Technical Skills and Procedures (TS&amp;Ps) in the curriculum.</p> <p>The competence levels of operative procedures that trainees are expected to attain are detailed within the syllabus.</p>
<p><b>Research</b> - evidence of having met the relevant requirements for research and scholarship. For UK trainees, this can be found in the GMC's Generic Professional Capabilities framework. Broadly, this includes:</p> <ol style="list-style-type: none"> <li>1. The demonstration of evidence based practice.</li> <li>2. Understanding how to critically appraise literature and conduct literature searches and reviews.</li> <li>3. Understanding and applying basic research principles.</li> <li>4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research</li> </ol>	<p>Trainees must show evidence that they have been author<sup>4</sup> of two peer reviewed publications from research or literature review (but not including single case reports) performed during training (ST3 onwards) published (or accepted for publication) in an indexed journal</p> <p>AND</p> <p>Must have evidence of completion of Good Clinical Practice (GCP) course in research governance within 3 years of certification</p> <p>AND</p> <p>Evidence of understanding of research methodologies (e.g. through a dedicated course or relevant modules of a higher degree)</p>

<sup>4</sup> Authorship: defined in "Guidelines on authorship". BMJ (1985) v291 p722

activities.	<p>AND</p> <p>Evidence of critical appraisal of research literature (e.g. journal club activity)</p>
<b>Quality Improvement</b> - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty	Trainees must provide evidence of the completion of one audit per year where the trainee is the principal person responsible for the audit. Each audit must have been presented locally as part of the clinical governance mechanisms of the NHS. During the course of the training programme, audit must include a review of personal outcomes.
<b>Medical Education and training</b> - evidence of an understanding of, and participation in, medical education and training as defined by the specialty	Trainees should be able to demonstrate experience of teaching and education e.g. by teaching on a course, organising a course or conference, or having a diploma certificate or degree in education. The minimum standard is a locally run "Training the Trainers" course.
<b>Management and leadership</b> - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction	<p>Trainees should be able to demonstrate management skills, e.g. running rotas, sitting on management committees, writing and implementing protocols, improving services or 360 degree assessments and Clinical Supervisors' reports.</p> <p>Trainees should be able to demonstrate leadership, e.g. setting up and running a course, being a trainee representative regionally or nationally or obtaining a leadership qualification.</p>
<b>Additional courses / qualifications</b> - evidence of having attended specific courses/gained specific qualifications as defined by the specialty	Trainees must be able to provide evidence of having successfully completed the courses described within the curriculum.
<b>Educational conferences</b> - evidence of having attended appropriate educational conferences and meetings as defined by the specialty	Trainees should be able to provide evidence of attending the craft courses and attending and contributing to national and international conferences during training. Training programmes require attendance at over 70% of the regional training days.