



Introduction

The fellowship programme is run through the Joint Committee on Surgical Training (JCST).

Fellowship posts are open to all higher surgical and where appropriate, non-surgical Fellows, that meet the person specifications. Details of eligibility are found through the [JCST](#).

Any unit applying to host Training Interface Group Fellows must have trainer representation from all parent specialties.

Applicant units are required to be able to deliver the [TIG curriculum](#) and adhere to the [quality indicators \(QIs\)](#).

The data included in the form below is an extract of the data submitted by the unit in their application to become a TIG unit.

East Lancashire Hospitals NHS Trust Training Interface Group fellowship post in Head & Neck Surgical Oncology

Unit Lead Trainer:

| |
|------------------|
| Name |
| Panayiotis Kyzas |

Local Educational Provider (LEP)

Main hospitals/trusts involved with teaching (base units):

| | Hospital/Trust A | Hospital/Trust B | Hospital/Trust C |
|------------------|--|-------------------------|-------------------------|
| Name of Trust | East Lancashire Hospitals NHS Trust | | |
| Address of Trust | Royal Blackburn Teaching Hospital/ELHT | | |

Peripheral units (if to be visited by Fellow):

| | Hospital/Trust N | Hospital/Trust O | Hospital/Trust P |
|------------------|-------------------------|-------------------------|-------------------------|
| Name of Trust | | | |
| Address of Trust | | | |

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LEP Consultants / Trainers

Primary Educational Supervisor (may be a trainer): Panayiotis Kyzas

Parent Specialties of main trainers:

| Parent Specialty | Number of main trainers from this Specialty |
|-------------------|---|
| OMFS H&N | 4 |
| ENT H&N & Thyroid | 2 |
| OMFS skin | 1 |
| | |
| | |
| | |
| | |
| | |
| | |

Other Trainer(s) involved with fellowship:

| Parent Specialty | Number of other trainers from this Specialty |
|-----------------------------|--|
| Clinical Oncologist | 1 |
| Consultant Radiologist | 1 |
| Speech & Language Therapist | 1 |
| H&N Dietician | 1 |
| H&N CNS | 1 |
| H&N Research Nurse | 1 |
| | |
| | |

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Indicative Timetable

The Fellow should be based at the main hospitals/Trusts for most of their educational activity but one session (professional activity) may occur outside these units each week. A trainee may work for 48 hours per week and if there is no on-call, all this time may be used for training.

Below is an indicative timetable that indicates the type of proposed activity and includes supporting professional development (SPD). SPD should be one half day each week. Please note that the timetable must be compatible with the Quality Indicators specific to the relevant TIG.

Multi-disciplinary team meeting (MDT), Supporting Professional Development (SPD), Operating theatre (Th), Ward round (WR), Outpatient clinic (OPC)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------|--------|-----------------|-----------|-----------------|----------|----------|--------|
| AM | Th | MDT | Th | OPC (Neck lump) | SPD | | |
| PM | Th | WR / MDT clinic | Th | OPC TWW | Research | | |
| Evening | Th | | Th | | | | |

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Training Delivery

Please an overview of the Unit's TIG Fellowship Training Delivery plan:

There is abundance of training opportunities for a post CCT Fellow. The unit treats over 150 patients with newly diagnosed H&N malignancies per year (excluding thyroid) and over 1000 new cases with cutaneous malignancies per year. The service operates in a 'hub and spoke' model with multiple outpatients and minor operations clinics in the peripheral hospitals and main inpatient services (complex and major surgery) carried out in Royal Blackburn Teaching Hospital. The latter is a modern hospital with cutting edge facilities (including 2 operating robots) and is benefitted by a robust Anaesthetic Department and a large capacity ICU.

Fellow will follow the patient from the time of diagnosis, through the MDT discussion and combined multidisciplinary clinic, attend the surgical resection and reconstruction planning sessions, be involved in the surgical procedure and post-operative care, ensure the implementation of our enhanced recovery pathway, and follow up the patient in the clinic.

Indication of units operative workload (five most frequent procedures relevant to this fellowship)

| Procedure | Number of cases per year |
|---|--------------------------|
| Neck Dissections | >200 |
| Free flaps (including nerve graft microsurgery) | >85 |
| Laryngectomies/ Pharyngolaryngectomies with flap | >10 |
| Intraoral ablation, Mandibulectomies, Maxillectomies PSP 3D, TORS/TOLS (Unit recruiting to PATHOS), Malignant parotidectomies | >100 |
| Thyroidectomies | >60 |