

Queen Victoria Hospital NHS Foundation Trust *and* Medway NHS Foundation Trust Training Interface Group fellowship post in Head & Neck Surgical Oncology



## ***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 trainees, 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 curriculum can be found on the [ISCP website](#) in the curricula of the most relevant parent Specialties (as mentioned above) and the QIs are listed on the [JCST website](#).

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.

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***Unit Lead Trainer:***

Name
<b>Laurence Newman</b>

***Local Educational Provider (LEP)***

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

	<b>Hospital/Trust A</b>	<b>Hospital/Trust B</b>	<b>Hospital/Trust C</b>
Name of Trust	The Queen Victoria Hospital NHS Foundation Trust	Medway Hospital NHS Foundation Trust	
Address of Trust	Holtye Rd, East Grinstead, West Sussex RH19 3DZ	Windmill Road Gillingham Kent	

Peripheral units (if to be visited by trainee):

	<b>Hospital/Trust N</b>	<b>Hospital/Trust O</b>	<b>Hospital/Trust P</b>
Name of Trust	Maidstone Hospital NHS Trust		
Address of Trust	Hermitage Lane Maidstone Kent		

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### ***LEP Consultants / Trainers***

Primary Educational Supervisor (may be a trainer):

#### **Main Trainer(s) involved with fellowship:**

*A main trainer must undertake more than five programmed activities (PA) in their job plan and they must also be a surgeon primarily in the relevant sub-specialty area and recognised by the GMC as a trainer. At least one trainer from each specialty must have five years full time experience in the NHS.*

List of parent Specialties of main trainers:

Parent Specialty	Number of main trainers from this Specialty
ENT	4
OMFS	6
Plastics	4

#### **Other Trainer(s) involved with fellowship:**

Parent Specialty	Number of other trainers from this Specialty
Clinical oncology	2
Histopathology	2
Radiology	3

Any other Specialties who are members of the multidisciplinary team not already mentioned as appropriate to the TIG:

Specialty	Trust A (numbers)	Trust B (numbers)	Trust C (numbers)
CNS	1	1	1
SALT	2	2	1
Dietetics	1	1	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. All Quality Indicators may be found online at: <https://www.jcst.org/training-interface-groups/quality-processes/>

### **Types of activity**

Combined outpatient clinic (COC)

Other outpatient clinics (OOC)

Operating theatre (Th)

Multi-disciplinary team meeting (MDT)

Supporting Professional Development (SPD)

Teaching ward round (WR)

Research activities (RA)

Please indicate the activity and the trust, for example, MDT (A) or Th (B).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Th	OOC	Th	Th	RA		
Afternoon	Th	COC	Th	Th	SPD		
Evening			Th	Th			

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*Training Delivery*

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

Tumours of the larynx

We provide experience in laryngectomy, both as primary and salvage procedures

Tumours of the oro/hypopharynx

We provide experience in resective surgery for tumours of the oro/hypopharynx, both as primary and salvage procedures. Resections with transoral laser surgery.

Tumours of the oral cavity including access procedures

The majority of our surgical workload is resecting oral cavity malignancy. We provide experience in access procedures to the facial skeleton and skull base.

Tumours of the skin of head and neck

There is an abundance of skin cancer requiring treatment including post-Moh's reconstruction

Reconstruction in head and neck oncology

We provide a plethora of free flap reconstructions, incorporating a wide spectrum of free flaps including a preponderance of perforator flaps.

Thyroid disease

There are around 160 thyroidectomies performed annually

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Salivary gland disease

Access is available for the surgical and non-surgical management of salivary gland disease.

Tumours of the nose and paranasal sinuses

We treat these tumours and offer both biological reconstruction plus we have access to a large and very busy maxillofacial lab for cases requiring complex prosthetic rehabilitation, including the placement of osseointegrated implants.

Management of facial nerve

There is a well-established facial palsy clinic at QVH and training in facial reanimation is available