



## ***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.

Leeds Teaching Hospitals NHS Trust, Training Interface Group fellowship post in Head & Neck Surgical Oncology

***Unit Lead Trainer:***

Name
Michael Ho

***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	Leeds Teaching Hospitals NHS Trust	Leeds Teaching Hospitals NHS Trust	
Address of Trust	Trust Headquarters St James's University Hospital Leeds LS9 7TF (Oncology site - Bexley Wing)	Leeds General Infirmary, Great George Street, Leeds, LS1 3EX (Surgical site)	

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	MidYorkshire Hospitals NHS Trust		
Address of Trust	Trust Headquarters Pinderfields Hospital, Aberford Road, Wakefield, WF1 4DG		

***LEP Consultants / Trainers***

Primary Educational Supervisor (may be a trainer): Michael Ho

## Leeds Teaching Hospitals NHS Trust, Training Interface Group fellowship post in Head & Neck Surgical Oncology

### **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
Oral and Maxillofacial Surgery	4
Otorhinolaryngology	3
Plastic Surgery	1

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

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

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

Specialty	Trust N (numbers)	Trust B (numbers)	Trust C (numbers)
Radiology	2		
Otorhinolaryngology	2		

## Leeds Teaching Hospitals NHS Trust, Training Interface Group fellowship post in Head & Neck Surgical Oncology

### ***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.icst.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).

OMFS 6 months\*:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	MDT (A) COC	WR Th (A)	WR Th (A)	OOC (A/B)	WR Th 1: 4 or OOC 1:2 (A) - optional		
Afternoon	SPD	Th (A)	Th (A)	OOC (A/B)	RA		
Evening		Th (A)	Th (A)				

## Leeds Teaching Hospitals NHS Trust, Training Interface Group fellowship post in Head & Neck Surgical Oncology

### ENT/Plastic Surgery 6 months\*:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	MDT (A) COC	Th (Plastics - A)	WR Th (ENT - A)	WR Th (ENT - A)	WR OOC (A)		
Afternoon	SPD/Facial palsy clinic	Th (Plastics - A)	Th (ENT - A)	Th (ENT - A)	OOC (A)/SPD		
Evening			Endocrine/Thyroid MDT alt weeks 1700-1900	Th (ENT - A) - 7pm finish			

\*there will be flexibility in timetabling to enhance training experience and depending of service workload, this is a guide framework

## Leeds Teaching Hospitals NHS Trust, Training Interface Group fellowship post in Head & Neck Surgical Oncology

### *Training Delivery*

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

Tumours of the larynx: Transoral laser resection of laryngeal tumours, Laryngectomy including salvage surgery

Tumours of the oro/hypopharynx: Transoral laser resection and we are commencing transoral robotic surgery programme in November 2017.

Tumours of the oral cavity including access procedures: Transoral laser resection, open ablative surgery for oral cavity/oropharyngeal tumours with mandibulotomy access/dropdown, maxillectomy +/- transfacial access, segmental mandibulectomy (malignancy/complex benign e.g. ameloblastoma/osteoradionecrosis), sentinel lymph node biopsy in development stage

Tumours of the skin of head and neck: Complex skin cancer with parotid/regional cervical lymph node involvement

Reconstruction in head and neck oncology: Local/regional flaps, free tissue transfer (radial forearm, fibula, DCIA, subscapular system, chimeric flaps, free jejunal), perforator flaps e.g. ALT, TDAP, MSAP. Orofacial rehabilitation including maxillofacial/zygomatic implants.

Thyroid disease: Benign and malignant thyroid surgery including paediatric.

Salivary gland disease: Benign (includes extracapsular dissection) and malignant salivary gland disease, major and minor salivary glands. Monthly salivary gland MDT meetings for benign disease

Tumours of the nose and paranasal sinuses: Both open and endoscopic approach to sinonasal tumours with close collaboration with anterior endoscopic skull base and neurosurgeon.

Management of facial nerve: Regular facial palsy clinic