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.

Unit Lead Trainer (joint):

Mr Shane Lester (Consultant ENT Head and Neck)
Mr Alex Jones (Consultant Plastic Surgeon)

Local Educational Provider (LEP)

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

	Hospital/Trust A	**Hospital/Trust B**	**Hospital/Trust C**
Name of Trust	South Tees Hospitals NHS Foundation Trust		
Address of Trust	James Cook University Hospital Marton Road Middlesbrough, TS4 3BW		

Peripheral units (if to be visited by trainee): Nil

	Hospital/Trust N	**Hospital/Trust O**	**Hospital/Trust P**
Name of Trust			
Address of Trust			

LEP Consultants / Trainers :

Primary Educational Supervisor (may be a trainer):

Main Trainer(s) involved with fellowship:

South Tees Hospitals NHS Foundation Trust, Training Interface Group fellowship post in Head & Neck Surgical Oncology

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	3
Plastic Surgery	3
OMFS	3

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Clinical Oncology	2

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)
Plastic Surgery	4		
Endocrine Surgery (thyroid)	1		
Dermatology	6		
Medical Oncology	4		
Radiology	4		
Pathology	6		
Clinical Nurse Specialists	3		
SALT	3		
Dietetics	2		

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-OMFS (?joint with Plastics)	Individual tutorial Head and Neck MDT RA	Th- ENT/ OMFS/ Plastics	WR COC (ENT) OOC (OMFS/ USS)	Th (Plastics locals) OOC(ENT)		
Afternoon	Th-OMFS (?joint with Plastics) Or ?ENT USS clinic	Th (ENT/Plastics/Thyroid) OR COC (OMFS)	Th- ENT/ OMFS/ Plastics/ robotic	Th – ENT/ Plastics/Thyroid	SPD		
Evening							

Training Delivery

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

Tumours of the larynx

After an assessment of the current status of the trainee there will be parallel training in endoscopic laser resection for early stage- starting with dysplasia and moving on to larger lesions as per case mix – and a separate increased exposure to open laryngeal surgery. The open surgery exposure will be performed in a step-wise, competency based manner and will be supported by exposure to the regional Advanced Head and Neck dissection day.

Tumours of the oro/hypopharynx

With support of the MDT and alongside the PATHOS and COMPARE trial we will increase exposure to oropharyngeal resections – initially tongue base mucosectomies and then resections of tumour with both the laser and the robot in ENT. As per larynx, depending on cases there will be both robotic and open resections and reconstructions to be performed as a multi-specialty case and the fellow will get experience of both teams in these cases.

Tumours of the oral cavity including access procedures

Within OMFS there will be resections of small tongue tumours up to hemi glossectomies with reconstruction and these will proceed in a step wise taught manner.

Tumours of the skin of head and neck

We have a high volume skin cancer practice at this Facility. This is delivered by seven full time plastic surgeons covering skin cancer, supported by three Specialist doctors. Two of these Consultants have specific interests and training and in head and neck skin cancer. There is a specific skin cancer MDT which works alongside the head and neck MDT and skull base MDT. There is regular access to local anaesthetic skin cancer lists which cover excision, skin grafts, and local flaps. These directly and indirectly supervised lists are scheduled all day every day. More complex skin cancer resection is performed by the two Head and Neck Plastic Surgeons. They undertake neck dissection and parotidectomy combined with wide local resection for SCC and melanoma. There is combined working with neurosurgery for skull base and scalp resectional surgery on site as well as close collaboration with maxillofacial and ENT including temporal bone and TMJ resection required for some skin tumours. We also have on site an electrochemotherapy service which is used for certain tumours as an alternative to or, in addition to surgical treatment (either to reduce bulk by combining with surgical treatment or to manage non resectable tumours. This is a tertiary service provided by one of the plastic surgery Consultants. There will be opportunities for the fellow to be involved with this treatment. Overall, the high volume of skin cancer work will provide ample opportunity for the Fellow to develop key skills across the broad range of surgical and non-surgical treatments described. This would involve supervised training with Consultants (both scrubbed and unscrubbed).

Reconstruction in head and neck oncology

The full remit of reconstruction services are provided on site. These range from skin grafts and local flaps to locoregional and free tissue transfers. More complex reconstructions are typically performed jointly by plastic surgery and maxillofacial surgery Consultants on combined regular lists. Soft tissue reconstruction of large defects is most commonly performed with flaps including ALT, Radial forearm and rectus abdominus. Fibula is the preferred bony flap reconstruction whilst DCIA is also used. There is therefore regular access to develop microsurgical skills in these cases. There is additional opportunity to develop these microsurgery skills in the emergency setting. Large defect may also be reconstructed with locoregional flaps such as pectoralis major, trapezius or supraclavicular flaps. Due to the high volume of skin cancer there are opportunities for involvement with nasal reconstruction, face, neck and scalp reconstruction using single and multiple staged techniques. Mohs surgery is performed at a unit 35 miles away and patients are repatriated to be reconstructed locally. Eyelid reconstruction is performed by both plastic surgery and oculoplastic surgery. All of the above is provided on a single hospital site. The high volume of work will provide opportunity for the Fellow to develop key skills in reconstruction under the direct supervision of a Consultant. A major strength to this unit is the single site access to all specialties included in reconstruction following tumours (plastics, neurosurgery, maxillofacial, ENT, oculoplastics, cardiothoracics, general, vascular and orthopaedics) where required.

Thyroid disease

Management of thyroid disease is provided on site. There are weekly lists and clinics to support thyroid and parathyroid surgery. The annual workload represents around 100 thyroidectomies in total, and around one third of these are for thyroid cancer. Lateral neck dissections are part of this regular practice. The thyroid MDT is held on a monthly basis. The timetable works well to enable the Fellow to attend these lists which occur on Tuesdays and Thursdays.

Salivary gland disease

As we do a large number of salivary gland surgeries there will be plenty of experience to gain with these. We use modern techniques- short incisions, retrograde dissections, fibrin glues and day case drainless parotidectomies all of which will be useful skills to develop

Tumours of the nose and paransal sinuses

External tumours of the nose are managed by plastic surgery while intranasal tumours are managed by ENT. Where reconstruction is required, plastic surgery will be involved. As members of the skull base MDT the team will take the fellow through anterior and lateral skull base resections if they are needed. This complex area has a full on site team which the fellow can be involved in.

Management of facial nerve

Facial nerve palsy is managed by plastic surgery and maxillofacial surgery and discussed in the head and neck MDT. We have an on-site physiotherapist with a specialist interest in facial nerve rehabilitation and have access to prosthetics for gold weight implants. We have clinical psychology involved with patients' care. Both static and dynamic transfers are undertaking including nerve repair, nerve grafting, face lifting, ocular procedures and regional muscle

transfers, as well as free tissue transfers for selected cases.

Strengths of the South Tees Unit:

- Single site hospital for clinics, theatres, library and mandatory training
- Close interdisciplinary working with ENT/OMFS and Plastics
- Access to IT (including Internet), library and journals on site
- Robotic training facilities on site
- Microscope available on site for training and service
- USS training on site for image guided biopsies
- Planned start of TNE in March 2018 in endoscopy in conjunction with Gastroenterology
- Northern Surgical Centre – Access twice annually for Plastic surgery cadaveric training 2 days each time and ENT the same.
- Trainees will be able to access all four days in addition to the attendance at this venue for the Fellows dissection/surgery courses

The fellow is based at the James Cook site full time but would have opportunity to visit peripheral hospitals as part of their training if desired to enhance their training.

The surgical training will occur on the James Cook site with access to each of the above surgical specialties, Consultant delivered training and supervision. In addition to surgical techniques for the management of head and neck cancer, as James Cook is a tertiary referral centre for delivery of electrochemotherapy this will factor into their training programme.