Norfolk and Norwich University Hospitals NHS Foundation Trust *and* Ipswich Hospital NHS Trust, 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
Mr JONOTHAN JAMES CLIBBON

Local Educational Provider (LEP)

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

	Hospital/Trust A	**Hospital/Trust B**	**Hospital/Trust C**
Name of Trust	NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	IPSWICH HOSPITAL NHS TRUST	
Address of Trust	Colney Lane, Norwich NR4 7UY	Heath Road Ipswich IP4 5PD	

Peripheral units (if to be visited by trainee):

	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): Mr Jonothan Clibbon

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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
Plastic surgery	4
OMFS	2
ENT	2

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Plastic Surgery	1
Oncology	1
ENT	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)
ENT	1	2	
OMFS	1		
Ophthalmology	1 (extended member)		
Oncology	1	2	
Radiology	2	1	
Restorative dentistry	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).

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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Skin SMDT (MDT) Skin (COC) Or TNO list	H&N MDT theatres -2x all-day dedicated H&N lists (Th 9,10) Skin cancer list (Th4)	H&N Round(WR) H&N MDT meeting (MDT)	Theatre 14 OMFS/Plastic H&N list (Th)	Theatre 14 ENT/Plastic H&N List (Th)	Plastic / ENT WLI lists – available (Th)	
Afternoon	Private study (SPD) Or Thyroid MDT (OOC)		H&N clinic (COP) in OMFS OPD				
ALTERNATIVE / OPTIONAL SESSIONS available by discussion with fellow	Alt weeks ENT lists thyroid, laser PM (Th) Plastic list(Th) Oncology planning (OOC)		Alt. Wednesday am ENT thyroid list (Th)	ENT Neck lump (OOC) Micro breast list(Th) Oncology review clinic (OOC)	Skull Base MDT (COP)-(videolink with Addenbrookes) alternate weeks ENT TNO list (OOC) H&N Clinic at JPUH monthly (OOC)		

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Training Delivery

Overview of TIG Delivery

The successful applicant will meet with the educational supervisor at the commencement of the TIG fellowship to discuss training needs and then a bespoke timetable will be constructed to enable emphasis on the areas of interest:

Tumours of the larynx

HES data from 2015/16 showed that NNUH has one of the largest operative laryngeal cancer practices in the UK.
All new primary and recurrent laryngeal tumours are discussed at the H&N MDT, with approximately 50% undergoing primary surgical therapy, the rest oncology.
Early laryngeal cancer is managed by CO2 laser resection.
Surgical therapy is performed on dedicated H&N cancer lists by the ENT core surgeons with access to reconstructive and cardiothoracic surgeons as required. NNUH has pioneered the use of gracillis free flaps for salvage laryngectomy as an alternative to pectoralis major flaps.

Tumours of the oro/hypopharynx

The NNUH has an established TNO service with twice weekly diagnostic clinics.
We are one of three centres open to the surgical arm of the COMPARE trial
The DaVinci Surgical robot has recently been purchased by the NNUH and in the future we hope to be able to offer TORS for our patients, although this is not a service that we can currently provide.
Hypopharyngeal cancer is managed in conjunction with the upper GI team using gastric pull-up procedures.

Tumours of the oral cavity including access procedures

Oral cavity tumours are managed jointly by the Plastic and OMFS surgical teams. Our approach is multidisciplinary with both parent specialties able to contribute to and teach all aspects of resection, neck dissection and reconstruction.

The surgical approaches and access procedures will be instructed by the OMFS surgeons.
We have recently started to use CAD-assisted surgical planning for mandibular tumours and in 2017 will be starting SLNB for H&N cancer .
There is also a comprehensive service supporting placement of osseo-integrated implants including dental and facial prosthetic rehabilitation.

Tumours of the skin of head and neck

The NNUH has an active academic department of Skin Oncology, with a TIG fellowship already established. The H&N TIG fellow would be welcomed to the Skin cancer MDT, specialist clinics and would have access to skin cancer surgery lists including out-patient day surgery, main theatre sessions including SLNB, lymphadenectomy for cutaneous H&N disease including melanoma.
NNUH also has a unique GA Moh's service to assist with margin control in H&N cancers

Reconstruction in head and neck oncology

With well in excess of 100 H&N free tissue transfers per annum, there is ample opportunity to be involved in the elevation of a wide variety of flaps including the workhorse flaps ALT, RFFF, Fibula, and many more unusual flaps such as gracillis MSAP, DCIA, Scapula, Serratus, Lateral arm, TAP, ICAP etc. The TIG fellow would be instructed in the safe elevation of the flaps and their application to the range of H&N defects, with management of the donor site and complications. There are also a range of useful regional and local flaps for H&N cancer that will be taught to the TIG fellow.
The plastic surgery department has a large volume of microsurgical work with approx. 200 cases yearly and will be starting a microsurgical training course in 2018. The TIG fellow will be encouraged to be involved in microsurgical anastomosis, use of couplers, postoperative monitoring including Cook-Swartz implantable Doppler etc. The NNUH has no microsurgical fellows, and the TIG fellow would have the opportunity to gain microsurgical experience in other areas of reconstruction such as breast or lower limb reconstruction, if desired.

Thyroid disease

The thyroid MDT is held fortnightly at NNUH with ENT surgeons, Oncologists and endocrinologists
Thyroid cancer is centralised at NNUH, in conjunction with thoracic surgeons where necessary. In addition to the core H&N surgeons will help in the delivery of thyroid surgical training.

Salivary gland disease

All the main specialty leads contribute to the surgical management of salivary tumours, whether primary disease or from skin metastasis.

In addition to the cancer workload, benign salivary disease is treated by the OMFS and ENT teams with input from the facial palsy clinic wherever necessary. Approximately 80 parotidectomies are performed annually, allowing for ample exposure to this procedure. Predicted facial nerve resections will usually have reconstruction concomitantly.

Tumours of the nose and paransal sinuses

The ENT team hold dedicated H&N clinics for diagnosis and management of nasal and paranasal sinus tumours. Most of these are managed endoscopically at NNUH if no neurosurgical input is required. More advanced cases requiring neurosurgery are discussed at the fortnightly skull base MDT with Addenbrookes hospital.

Management of facial nerve

A multidisciplinary facial nerve clinic is held in Plastics Out-patients monthly with an oculoplastic surgeon, and a physiotherapist.
The MDT deals with both iatrogenic palsy from the cancer workload and also Bells palsy.
Where possible, facial nerve procedures and reconstructions are performed at the time of extirpative surgery. The plastic surgery team usually manages delayed reconstructions with input from oculoplastics. The TIG fellow will be able to gain experience in management of the paralytic ectropion, and be shown a variety of static and dynamic reconstructions including the sliding temporalis myoplasty (Labbe flap) , nerve transfer and functional muscle transfer. This service also includes a Botox clinic.