

Sheffield Teaching Hospitals 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
Nigel Beasley

Local Educational Provider (LEP)

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

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust	Sheffield Teaching Hospitals NHS Foundation Trust		
Address of Trust	Royall Hallamshire Hospital, Glossop Road, Sheffield. S10 2JF		

Peripheral units (if to be visited by trainee):

	Hospital/Trust N	Hospital/Trust O	Hospital/Trust P
Name of Trust	Sheffield Children's Hospital NHS Foundation Trust		
Address of Trust	Western Bank, Sheffield. S10 2TH		

LEP Consultants / Trainers

Primary Educational Supervisor (may be a trainer):

Main Trainer(s) involved with fellowship:

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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	2
OMFS	5
ENT	3
Endocrine Surgery	2

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Clinical Oncology	4
Radiology	3
Pathology	4
Neurosurgery	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)
Restorative Dentists	2		
Clinical Nurse Specialists	3		
Speech and Language Therapists	2		
Dietician	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	MDT WR	Th	Th	OOC	OOC		
Afternoon	COC	Th	Th	Th	SPD/ RA		
Evening							

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Training Delivery

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

Tumours of the larynx

We can provide training in:

- Tracheo oesophageal puncture and management of tracheo-oesophageal valves
- Management of complications following laryngeal surgery including pharyngocutaneous fistula
- Microlaryngoscopy and Transoral endoscopic resection of laryngeal tumours, including debulking procedures
- Partial laryngeal resections (hemilaryngectomy, supracricoid laryngectomy)
- Total laryngectomy
- Vocal cord medialisation procedures

Tumours of the oro/hypopharynx

We can provide training in:

- EUA/ panendoscopy
- Transoral laser resection of tumours
- Partial pharyngeal and access surgery
- Oropharyngeal and hypopharyngeal resections e.g. pharyngolaryngectomy, pharyngolaryngo-oesophagectomy
- Our robotic program is re starting in December 2017

Tumours of the oral cavity including access procedures

We can provide training in:

- The appropriate use of surgical access routes to tumour sites within the oral cavity and adjacent structures
- The appropriate mode of tumour excision (including laser) compatible with safe margins of excision and maximising preservation of function
- The appropriate use of reconstructive techniques to maximise function including post operative care of flaps
- Management of complications including orocutaneous fistulae

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- Partial glossectomy (including Use of laser)
- Mandibular split, lip split and mandibulotomy
- Mid facial degloving and mid facial osteotomies
- Tumour excision; floor of mouth, buccal, hard palate including use of laser
- Reconstructive surgery; appropriate selection of free/myocutaneous/local flaps
- Bony reconstruction with plating systems
- Late dental re-habilitation and other facial prostheses

Tumours of the skin of head and neck

We can provide training in:

- Excision of skin tumours
- Split and full thickness skin grafts
- Local and regional flaps for reconstruction
- Mohs micrographic surgery
- Use of pedicled and/ or free flaps for reconstruction
- Sentinel lymph node biopsy

Reconstruction in head and neck oncology

We can provide training in:

- Selection of appropriate reconstructive techniques
- Peri and postoperative management of patients having reconstruction
- Management of flap failure
- Split skin and full thickness skin grafts
- Axial and random pattern local flaps
- Raising of Pectoralis Major flap
- Raising of a comprehensive range of free flaps including: radial forearm, ALT, Rectus abdominis, DCIA, scapular etc.
- Bony reconstruction with plating systems
- Microvascular anastomosis

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Thyroid disease

We can provide training in:

- Partial thyroidectomy
- Total thyroidectomy
- Parathyroidectomy
- Neck dissection including central nodes
- Mediastinal exploration including sternotomy and lateral thoracotomy
- Management of complications including injury to recurrent laryngeal nerve, airway management and hypocalcaemia

Salivary gland disease

We can provide training in:

- Submandibular gland excision
- Parotidectomy – partial, total, extended
- Minor salivary gland excision
- Access surgery for parapharyngeal space and excision of parapharyngeal space tumours
- Access for resection of recurrent cancer
- Management of the postoperative patient and complications specific to salivary gland surgery including facial nerve injury, Freys syndrome and post-operative haematoma

Tumours of the nose and paranasal sinuses

We can provide training in:

- Endoscopic excision of cancers
- Medial and total maxillectomy
- Orbital exenteration
- Le Fort access surgery including midface degloving
- Rhinectomy (Total and partial)
- Craniofacial resection techniques including fascial and dermal fat graft harvest

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- Scalp flap rotation and free flap reconstruction after orbito maxillary surgery
- Obturator manufacture / fitting / aftercare
- Bone stabilisation using miniplate systems and wiring techniques
- Osseo integrated abutment placement

Management of facial nerve

We can provide training in:

- Neural anastomosis
- Facial reanimation procedures including nerve grafting techniques
- Role of non-surgical management of facial nerve palsy
- Gold weights
- Soft tissue surgery including static and active rehabilitation techniques

Reinnervation techniques