

## Certification Guidelines for Otolaryngology

### All trainees seeking certification in Otolaryngology must:

- a) be fully registered with the GMC and have a licence to practise.
- b) have undertaken 6 years of higher surgical training in a UK or Ireland training programme<sup>1</sup>.
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies).

In addition, trainees should be able to satisfy the following specialty specific guidelines:

	<b>Guidelines for Otolaryngology</b>
<b>Clinical experience</b> - evidence of the breadth of clinical experience defined in the specialty syllabus	<p>The six years of HST have been in posts, in a minimum of 3 units, which are compliant with the JCST/SAC ENT QIs 1-9 and 10-13. Clinics must conform to ENTUK guidelines.</p> <p>Trainees must have managed 1000 emergencies in HST or have done 300 nights on call.</p> <p>Trainees should have experience in special interest clinics across the range of: paediatric ORL, audiological, audiovestibular, otology, head &amp; neck and thyroid (including oncology), voice, rhinologic/allergy, oncology, snoring/sleep apnea.</p> <p>Trainees should have rotated through all of the main subjects within the ENT curriculum: otology, neurotology, paediatrics, benign head and neck, head and neck oncology, rhinology and sinus surgery, facial plastics, voice and balance.</p>
<b>Operative experience</b> - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus	<p>Trainees must be competent in the management of, and procedures allied to, emergency care. Their logbook should demonstrate an absolute minimum as the principal surgeon:</p> <ul style="list-style-type: none"> <li>• 10 Mastoid operations as principal surgeon (P, T, S-TU, S-TS)</li> <li>• 10 major neck operations as principal surgeon (including all neck dissections, all open malignant head &amp; neck surgery, parotid and thyroid surgery, P, T, S-TU, S-TS)</li> <li>• 10 tracheostomies (P, T, S-TU, S-TS)</li> <li>• 10 Paediatric Endoscopies (including flexible) as main surgeon (P, T, S-TU, S-TS)</li> <li>• 10 Septorhinoplasties as main surgeon (P, T, S-TU, S-TS)</li> <li>• 10 FESS as only scrubbed surgeon (P, T, S-TU)</li> <li>• 10 removal of foreign bodies from airway (including nasal foreign bodies)</li> </ul>

<sup>1</sup> This will include out of programme training

	<p>and fish bones) (P, T, S-TU, S-TS)</p> <p>Trainees should have undertaken 2000 operations during the six years of training (as principal or main assisting surgeon) in a training unit with a minimum throughput of 500 operations per annum per higher surgical trainee.</p> <p>Trainees should be able to demonstrate areas of specialist interest by advanced surgical or medical experience in logbook and/or CV. e.g. fellowships (UK or overseas, including interface fellowships), attendance at specialist combined clinics, documented logbook experience of large caseload in chosen area of special interest.</p>
<p><b>Operative competence</b> - evidence of competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)</p>	<p>Trainees should have been exposed to all the Technical Skills and Procedures (TS&amp;Ps) in the curriculum.</p> <p>The competence levels of operative procedures that trainees are expected to attain are detailed within the syllabus.</p>
<p><b>Research</b> - evidence of an understanding of, and participation in, research as defined by the specialty</p>	<p>All trainees are expected to have an understanding of research and to actively participate in research activities during their training. As a minimum, all trainees should demonstrate this by having at least two publications covering original research questions during higher surgical training, which may be laboratory based research, qualitative research, analysis of prospectively collected data or equivalent (such as research in education). Training programmes may choose to vary these requirements from the minimum.</p>
<p><b>Quality Improvement</b> - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty</p>	<p>Trainees must provide evidence of the completion of one audit per year where the trainee is the principal person responsible for the audit. Each audit must have been presented locally as part of the clinical governance mechanisms of the NHS. During the course of the training programme, audit must include a review of personal outcomes.</p>
<p><b>Medical Education and training</b> - evidence of an understanding of, and participation in, medical education and training as defined by the specialty</p>	<p>Trainees should be able to demonstrate experience of teaching and education e.g. by teaching on a course, organising a course or conference, or having a diploma certificate or degree in education. The minimum standard is a locally run "Training the Trainers" course.</p>
<p><b>Management and leadership</b> - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction</p>	<p>Trainees should be able to demonstrate management skills, e.g. running rotas, sitting on management committees, writing and implementing protocols, improving services or 360 degree assessments and Clinical Supervisors' reports.</p> <p>Trainees should be able to demonstrate leadership, e.g. setting up and running a course, being a trainee representative regionally or nationally or obtaining a leadership qualification.</p>
<p><b>Additional courses / qualifications</b> - evidence of having attended specific courses/gained specific qualifications as</p>	<p>Trainees must be able to provide evidence of having successfully completed the courses described within the curriculum.</p>

defined by the specialty	
<b>Educational conferences</b> - evidence of having attended appropriate educational conferences and meetings as defined by the specialty	Trainees should be able to provide evidence of attending the craft courses and attending and contributing to national and international conferences during training. Training programmes require attendance at over 70% of the regional training days.