The emphasis within the core curriculum will vary according to parent specialty but should include as much as possible of the following:


2. Anatomy, physiology, pathology, and microbiology of the head and neck region.

3. Ability to take an adequate history and carry out a complete physical examination of the head and neck region.

4. Ability to initiate and interpret appropriate investigative techniques for the diagnosis of head and neck tumours: includes examination under anaesthetic, endoscopy, biopsy techniques (FNAB, tru cut open biopsy) and clinical imaging.

5. A working knowledge of multi-disciplinary teams: includes multi-disciplinary clinics, the development of inter-personal skills with cancer patients, and the inter-relationship with speech and language therapists, dental and prosthetic care, physiotherapists, dieticians, psychologists, nurse counsellors, specialist pain services and palliative care.

6. Principles of management of head and neck tumours: includes surgery, radiotherapy, chemotherapy, combined modality treatments and disease specific treatments.

7. Understanding the limitations, complications, and morbidity associated with the above treatments.

8. The principles and practice of surgical management:
   - surgery for access, including osteotomy and osteosynthesis techniques
   - excisional/ablative surgery, including regional nodes
   - reconstructive surgery, using pedicled and free flaps
   - pre- and post-operative care including tracheostomy and airway management and intensive care management

9. The principles and practice of rehabilitation: includes restorative dental techniques, oral facial prostheses, speech rehabilitation, swallowing and nutrition.

10. Data Management
   - understanding of data sets
   - understanding of outcome measures
ADVANCED TRAINING

YEARS 5 AND 6

The core curriculum will have given the trainee a basic knowledge and this curriculum should continue and expand through years five and six. Additional to this is a curriculum designed to improve clinical skills and develop competency in head and neck surgical oncology. Any competencies listed in the core syllabus which have not been achieved in years 1-4 must be achieved in years five and six.*

* Detailed competency documents are being developed by each specialty for SpRs in both Years 1-4 and 5-6.

1. **Investigation and diagnosis of head and neck tumours.**

   Essential competencies to include:
   - clinical assessment of the patient
   - endoscopy, examination under anaesthetic, biopsy techniques, interpretation of common imaging modalities eg CT, MRI and US.
   - a detailed knowledge of diagnostic protocols to establish extent, and staging of disease
   - Participation in data collection, analysis, audit and research

2. **Surgical skills – generality of head and neck surgical oncology**

   Essential competencies to include
   - Surgical access techniques including osteotomy, and osteosynthesis
   - Microsurgical skills
   - Neck dissection – radical, MRND (I-III) and selective neck dissections
   - Use of lasers
   - Minimally invasive techniques
   - Excision and ablative techniques
   - Reconstructive techniques
   - Palliative surgical techniques

3. **Surgical skills – site specific**

   Competencies to include:

   **Lip**
   - Direct closure
   - Local and distant flaps

   **Oral cavity/Oropharynx**
   - Access surgical techniques
   - Excisional surgery including management of the jaws
   - Reconstruction
   - Laser techniques in the mouth
   - Interstitial radiotherapy techniques
Nasopharynx
Access surgical techniques
Excisional surgical techniques
Reconstruction
Interstitial radiotherapy surgical techniques

Larynx
Endoluminal laser excision
Conservative and radical laryngeal surgery
Surgical techniques for speech and swallowing rehabilitation

Hypopharynx
Total pharyngectomy
Partial pharyngectomy
Reconstruction
Endoluminal laser techniques

Salivary gland tumours
Surgical excisional techniques for major and minor salivary gland tumours
Reconstructive techniques including management of related nerves

Neck Disease
Radical neck dissection
Selective neck dissections
Management of bilateral disease
Dissecting the irradiated neck
Reconstruction
Interstitial radiotherapy techniques

Ear and temporal bone tumours
Approaches
Excisional surgical techniques
Reconstruction

Skull base tumours
Approaches
Excisional surgical techniques
Management of intracranial disease
Reconstruction

Paranasal sinuses
Access surgical techniques
Excisional surgical techniques
Management of orbital and cranial extension
Reconstruction
Prosthetic techniques

Advanced skin tumours
Excisional surgical techniques
Reconstruction
Reconstructive techniques

Essential components should include the principles and practice of:

Grafts (various)

Local flaps

Regional flaps

Microvascular free tissue transfer

Prosthetic rehabilitation including:
- Obturators
- Speaking valves
- Osseointegrated implants
- Orofacial prostheses

4. Non surgical management

- Radiotherapy
  Planning and schedules
  Variants eg external beam – electrons
  Interstitial
  Limitations
  Morbidity
- Chemotherapy
  Pharmacological actions
  Planning and schedules
  Limitations
  Morbidity
- Combined modality
- Palliative treatment
  Pain control
  Nutrition
  Counselling and support
- Terminal care

5. Surgical management of site specific complications

6. Recurrent disease

Essential competencies should include
- Follow up protocols
- Investigation and diagnosis of recurrent disease
- Management of recurrent disease
- Data collection and analysis