

Newcastle upon Tyne 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
Mr James O Hara

Local Educational Provider (LEP)

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

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust	Freeman Hospital	Royal Victoria Infirmary	
Address of Trust	The Newcastle upon Tyne Hospitals NHS Foundation Trust Freeman Hospital Freeman Road Newcastle upon Tyne NE7 7DN	The Newcastle upon Tyne Hospitals NHS Foundation Trust Royal Victoria Infirmary Queen Victoria Road Newcastle upon Tyne NE1 4LP	

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):

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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
ENT	4
OMFS	2
Plastics	3

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Oncology	3
ENT	1
Plastics	1

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)

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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)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Th ENT H&N/Thyroid	Th ENT TORS/H&N	Th OMFS/Plastics Thyroid MDT/COC monthly	H&N MDT + COC	OOC (CWT/follow up)		
Afternoon	Th ENT H&N/Thyroid	Th ENT TORS/H&N	Th OMFS/Plastics	Th Plastics SPD RA	SPD RA		
Evening	WR	WR	WR				

The above timetable is only indicative – there are multiple training opportunities per day and the timetable will be tailored to the individual fellow’s needs. The timetable may also be modified throughout the fellowship post to reflect the fellow’s changing training needs.

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Training Delivery

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

Tumours of the larynx: All aspects of laryngeal tumour management are covered – transoral laser and robotic surgery, supraglottic laryngectomy, supracricoid laryngectomy, total laryngectomy, radiotherapy and chemotherapy. All aspects of rehabilitation are included, working closely with specialist Speech and Language therapy, Dietetics and Macmillan Nurse Specialists.

Tumours of the oro/hypopharynx: Management options provided include transoral laser, Da Vinci Robotic Surgery (TORS), partial pharyngectomy, pharyngolaryngectomy, free and pedicled free flap reconstruction, radiotherapy and chemotherapy with comprehensive rehabilitation.

Tumours of the oral cavity including access procedures: All management options available including laser resection, free and pedicled free flap reconstruction with composite flaps including bone. Advanced virtual reconstructive planning and implantology. Full restorative and conservation specialist dental rehabilitation integrated into patient care.

Tumours of the skin of head and neck: Specialist Plastic and Reconstructive Surgical management as part of the H&N and Skin MDT's with full range of resection and flap reconstruction.

Reconstruction in head and neck oncology: Dedicated Plastic and Reconstructive Surgical involvement within the H&N MDT providing full range of options including bony reconstruction. Opportunities for training in tertiary sarcoma management including MDT, resection and reconstruction.

Thyroid disease: Dedicated Thyroid MDT management of all thyroid disorders including cancer of all types. Co-operative working with cardiothoracic surgery easily available when necessary for retrosternal thyroids.

Salivary gland disease: Full range of care for salivary gland disorders, benign and malignant. Consultant Plastic and Reconstructive Surgeon with special interest in facial nerve reanimation techniques and management is part of the H&N and skin MDT's and a trainer for the TIG fellow.

Tumours of the nose and paranasal sinuses: These are managed jointly between the H&N MDT and the Skull base MDT with close cooperation between all disciplines including neurosurgery and advanced rhinological surgery. Reconstruction with flap surgery as above as needed plus prosthetic dental expertise.

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Management of facial nerve: As for Salivate disorders, the Plastic Surgeon with special interest in facial nerve reanimation techniques and management is part of the H&N and skin MDT's and a trainer for the TIG fellow. Lateral temporal bone resection utilised when necessary for access to facial nerve within the temporal bone.