It's a time of unprecedented change for the NHS, with imminent industrial action by junior doctors in England, and uncertainty regarding the future of junior and consultant NHS contracts. Our ENT UK President Prof. Tony Narula, and AOT President Robert Nash, both touch on this in their respective updates.

On a brighter note, this year will see the launch of National Bootcamps for all successful ST3 trainees following last year’s pilot, and an uplifting BSAO report reassures us that the future of ENT research in the UK is bright.

Finally, there’s a superb opportunity to apply for a unique hands-on Otology Fellowship in Cambodia, developing and providing an essential ear surgery service with remote mentorship from the UK. Read on for details.

Emma Stapleton
Deputy Editor

From the President’s Desk

I write this as Easter approaches. Our trainee colleagues are still in dispute with the Department of Health, and Jeremy Hunt has decided to ‘impose’ a new contract. In a civilised society it is hard to believe that he can even contemplate this move and I believe it tells us a great deal about the quality of advice he is getting from his department. Finally the Civil Service have shown us that they are jealous of our professional independence and are looking to cut us down to size. And I am sure every Consultant realises that they will be next in the firing line. It also demonstrates the dangers of working for a monopoly employer.

I have been immensely encouraged by the fact that almost the whole of the medical profession has stood together during this dispute, and this must continue. Much of the United Kingdom’s government is now distracted by the forthcoming European Union referendum in June. This means that most important decisions will be postponed unless they have a positive impact on the ‘Remain’ side. Accordingly, public disquiet is to be avoided at any cost. It therefore follows that the British Medical Association and the trainees should ramp up their action seriously in late May and early June. Whatever the direct effects, if patients start to suffer, the public mood will turn angry. Sooner or later the Department of Health will take the blame and be forced to capitulate. So be prepared for more action.

In a parallel turn of events, the Federation of Surgical Specialties carried out a survey last year regarding a putative British Surgical Association. There were 1300 respondents most of whom strongly supported a change in this direction with a new group taking over Trade Union responsibilities for surgeons from the British Medical Association. While it may seem counter-intuitive to discuss this in the context of the industrial action referred to above, the time may be ripe. There are over 10,000 consultant and trainee surgeons. This is a large enough group to act alone rather than through an intermediary organisation which is heavily General Practitioner focussed.

Looking further ahead the World Cholesteatoma Conference is being hosted in the UK later this year. CHOLE2016 starts in Edinburgh on June 5th 2016 and there will be several thousand delegates. It would be fantastic if the British ENT community turned out in force so I encourage you all to register. I have already done so!

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Professor Tony Narula
President, ENT UK
Mr. Robert Nash  
*President of the Association of Otolaryngologists in Training*

**AOT update**

2016 is a tough time for trainees in the UK, and particularly in England where an imposed contract seems likely to hit ENT trainees in future, as industrial action hits us now. We have been glad to receive the support of ENT UK in the ongoing dispute, which has the potential to cause widespread and irreparable harm to our specialty.

The dispute has even led to the postponement of national selection this year. The proposed dates overlapped with the first day of this year’s recruitment process, and Health Education England have declared that all national recruitment therefore has to be postponed. This has understandably caused much concern among trainees, who have been preparing for this process for some time. There has also been disruption to interviewers timetables, and an administrative nightmare for the organisers. The new dates are 3rd and 4th May 2016, and both Rishi Sharma (Education and Training Rep) and I will be observing on behalf of trainees.

In future, it’s possible that national selection will be for ST1 run through positions. There has been some debate about the adequacy of core training programmes, specifically how well they prepare for ST3 interviews and life as a registrar. Whilst reforming core training remains an option, reintroducing run through training is also a possibility on the horizon.

On the topic of preparing for life as a registrar – the introduction of ‘Bootcamps’ will have new ST3s across the country suturing up wounds, putting on tonsil ties, and being grilled about nightmare on-call scenarios. Last year saw a highly successful pilot in the South West, and this year this will be extended with another site in the North of England which will allow more trainees to attend, and cater for different registrar starting times.

Finally, the Association of Otolaryngologists in Training conference this year will be held in Glasgow from the afternoon of 7th July to late at night on the 8th July. Natasha Amiraraghi and Rujuta Roplekar are this year’s Secretary and Treasurer, and are putting together what looks like a great couple of days. I hope to see you there!

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**AOT Conference 2016**

**Date:** 7th – 8th July 2016  
**Registration:** by 1st June 2016  
**Venue:** The Village Glasgow  
Festival Gate  
7 Pacific Quay  
Glasgow  
G51 1 DA
ST3 Bootcamp Report

“Boot Camp” is a concept originating in the 19th century as a type of group training program conducted usually by military recruits and was designed to build strength and fitness through a variety of intense sessions over a relatively short period of time. From its historic beginnings boot camps have evolved into its modern incarnation as a specific form of training and to kick start entry into many specialist professions. The advantage of a boot camp is the large group dynamic which is thought to help motivate participants.

This year will see the first National ST3 Boot Camp with the aim to involve all new ST3 trainees successful through National Selection in May. The course will be run over two days in two centres: Wigan / Wrightington (2nd & 3rd September 2016) and Bristol (20th & 21st October 2016). The staggered dates should allow for both August and October starts into national training numbers. The SAC and ENT UK support this initiative and hope that this will become a mandatory induction supported by Deaneries and Health Education England in the near future.

The aim of the course is to provide the recently appointed specialist trainees with a toolkit of skills to facilitate their introduction to higher surgical training. The focus is on patient safety and good surgical practice, but we also hope to alleviate some of the anxieties that this step-up in responsibility can give new trainees.

The programme has been developed from experiences gained from pilot courses run in Bristol over the last two years. Last year’s course involved 16 trainees from the London, Severn, Oxford, Wessex and Peninsular Deaneries. The feedback from the trainees both immediately after the course and six months into their training has been very good (see trainee perspective).

The course employs a series of technical simulations and non-technical / human factors stations to guide trainees through different aspects and expectations of their training. Technical skill stations include: set-up for a major ear, set-up for FESS procedures, setting up a facial nerve monitor, paediatric airway management, microlaryngoscopy and speech valve insertion. Voxel-Man simulators are used to provide temporal bone anatomy and an introduction to middle ear surgery. A human factors simulation based around a simulated grommet insertion proved challenging and an excellent opportunity to teach valuable lessons in theatre craft and managing difficult situations. The practical stations are reinforced through some short didactic lectures covering common emergencies, global objectives and expectations of training. There are also lectures on managing stress, communication and help for doctors in difficulty.

The nature of simulation training is that it requires a large and enthusiastic faculty. In all, 22 consultant faculty members were required across the two days for the last Bristol course. There is plenty of opportunity for a role in the continued development of the Boot Camp, particularly for those with an expertise in simulation. We are always open to new ideas and fresh perspective, so please contact us if you have an interest in this direction or wish to be involved.

Mr. Mat Daniel  
**BSAO Honorary Secretary**

Mr Carl Philpott  
**BSAO President**

**British Society for Academic Otorhinolaryngologists (BSAO):**

the future of trainee research is bright

The BSAO aims to promote excellence in research, education and teaching. All academic / research trainees are associate members. Consultants in academic posts or those responsible for undergraduate or postgraduate teaching or training in a University are automatically eligible for membership, as are any other consultants or scientists that can demonstrate a significant interest in and commitment to the aims of the organisation.

The recent annual meeting on 10th March 2016, discussed the future of undergraduate ENT teaching during the morning session, with the afternoon devoted to trainee research and the AGM. During the morning session, Simon Lloyd, Chair of SFO UK, led the discussions on the need for a national ENT undergraduate curriculum. The delegates worked in small groups to debate various topics around the need for a core content and how this might be implemented and a consensus document arising from this is soon to be produced.

Distinct from other research meetings, such as those of the Otorhinolaryngological Research Society, the BSAO meetings focus on the challenges and processes of doing research, rather than its results. It is a forum for trainees to share experiences, pass on tips, and get advice about anything from supervisors to funding or learning laboratory etiquette. More often than not, suggestions and help come from other trainees rather than senior members.

The changes in the academic career pathway certainly seem to have lead to a renaissance in ENT research. Trainees are undertaking high quality, well supervised projects, with output that as a specialty we should be immensely proud of, and the consultants in the audience were universally impressed with the projects being undertaken. Importantly, about half of the trainees present at the recent meetings were those with NTN careers, who had chosen to take time out for purposes of high quality research typically leading to a higher degree. For them, doing research may be somewhat harder, as they do not have the luxury of funded research time, yet their achievements are of an equally impressive standard.

We can indeed be proud of the research that our trainees are doing, and reassured that the future for our specialty and indeed our patients is bright. It would be good to see more consultants attending research-centred meetings including those of BSAO and ORS, and offer support to trainees involved in research both in supervision, critique, and encouragement, especially those who are supervisors to the projects discussed. The date of the next BSAO meeting is to be confirmed, but is likely to be held in conjunction with the ORS Spring meeting on 10th March 2017. A separate BSAO meeting is being considered to continue development and discussion of undergraduate ENT training.

**Queries can be directed to the Honorary Secretary:** matija.daniel@nottingham.ac.uk
Mr. Charlie Huins

Consultant ENT Surgeon, Birmingham (first fellow)

Mr. Matthew Clark

Consultant ENT Surgeon, Gloucester (mentor)

Cambodia Otology Fellowship

Cambodia is a country of 15 million, still recovering from the genocide under the Khmer Rouge in the 1970s. Most of the medical profession, together with the rest of the educated population, was executed - the fortunate few fled - leaving a country with a lack of senior doctors to train the new cohort of juniors that are enthusiastic to improve the countries medical services. Ear surgery provision in Cambodia is scarce at best with no local resident otologist providing complex mastoid work. Occasional international visiting teams provide outreach ear camps for a few weeks a year but, whilst valuable, these are inadequate to provide the country with sustainable future services. The current fellowship was therefore established as a new approach to humanitarian ENT surgical provision, to bridge that educational gap and provide the essential training for local Khmer surgeons.

Children's Surgical Centre (www.csc.org) is a Non-Governmental Organisation hospital in Phnom Penh, established in 1998 and directed by a dynamic English Orthopaedic surgeon, Jim Gollogly. It provides free care for those that cannot afford to pay. The government hospitals, themselves offering limited ENT services, charge for all treatment. Following an initial visit by the authors in February 2014 to plan everything from essential equipment (of which there was none) to logistics, Charlie spent six months there from October 2014 to establish and organise the ENT surgical service. The current fellow, Mood Bhutta, continues to develop this further.

The local ENT Team comprises three junior doctors and two nurses. Prior to the fellowship they provided only out-patient treatment for benign ENT disease. The team had no previous hands-on otological surgical experience and so this was a lesson not just in teaching the technicalities of the procedures, but also in educating them on how to chose which operations to do in the first place. Service planning required writing policies, protocols, and introducing the WHO checklist; preparing timetables, tutorials; ordering and organising equipment and supplies.

Chronic active mucosal otitis media presented more commonly than cholesteatoma, so initial teaching concentrated on tympanoplasty techniques. We achieved our aim, with the local doctors being able to operate unassisted by the end of the first fellowship (96 tympanoplasties were performed together). 34 mastoidectomies for cholesteatoma were also performed, largely front-to-back following the disease since pre-operative CT was rarely available and cost prohibitive, and the concept of second-stage procedures unrealistic as our patients would return to their remote villages. Mood is continuing this work by teaching and developing the local Khmer doctors mastoidectomy techniques.
The main referral pathway is through ‘All Ears Cambodia’, (www.allearscambodia.org), an NGO established by Glyn Vaughan, an audiologist from Charing Cross Hospital. It proved a mutually beneficial arrangement. They provided pre- and postoperative audiology, plus postoperative mastoid cavity care at four centres around the country. In return, they have a point of referral for ear patients, and the fellow contributes to a teaching programme for their audiology students.

For the fellow:
This is a fellowship for post-CCT Otologists, ideal (but not limited) for those looking to further their skills prior to a Consultant appointment. The duration of the fellowship is about 6 months and works very well tagged with a second 6-month fellowship in a developed country, such as Australia (Charlie continued on to the Graham Fraser Memorial Fellowship in Sydney and Mood will continue on to Perth). In such a brief report it is difficult to emphasise the impact this experience can have on competence and confidence, raising both surgical and managerial skills to a whole new level. Charlie regularly dealt with much more extensive disease than he’d been exposed to in the UK due to its late presentation, without the backup of preoperative CT scans or intra-operative facial nerve monitoring. Regular remote support and advice from Matt was welcome, to discuss approaches to difficult cases. Learning how to manage a team and getting them to work to the best of their ability was challenging, especially in a different culture. It was a fantastic exercise in self-restraint, service organisation and workforce planning.

The Practicalities:
Phnom Penh is a rapidly developing metropolis: the large tourist and ex-pat communities are served by a range of bars and restaurants, plus a number of gyms. For those with families, child-care is readily available, and nice apartments are easily available to rent. Cambodians are a warm, smiling and friendly people and Charlie never felt uneasy or threatened. The post funds one return flight and a wage that more than covers living expenses. Taking leave is straightforward, allowing travel further afield to sites such as Angkor Wat.

Summary:
This is a unique fellowship for post-CCT Otologists with an adventurous spirit. The transition from trainee to independent practitioner is a big step and this experience has proved to be a perfect bridge between the two.

For further information and to apply for the post, please contact Mr. Matthew Clark or Mr. Charlie Huins:

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