In this December issue of the ENT UK Newsletter, there are must-reads regarding training in ENT from Jay Goswamy on behalf of the AOT, and from Andrew Robson in his final update as SAC Chairman.

Charlie Hall reports on the registrar ‘Bootcamp’ pilot, and we also have updates from YCOHNS and FPS UK.

On the final page you'll find a summary of your feedback about this newsletter. Do get in touch if you have any more ideas or feedback for us.

Wishing you all a very Merry Christmas and a Prosperous New Year. See you in 2016.

Emma Stapleton
Deputy Editor

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From the President’s Desk

I write this just before Xmas 2015 and you may only see it in early 2016 so a belated happy Christmas to everyone and I hope you enjoyed your ENT UK e-Card.

It has been an eventful year for me: I took over as President from Valerie Lund in February and then started a process of ‘what are we here for?’. The Executive Officers spent a great deal of time considering some key questions culminating in a short presentation by me to Council in July. We have decided to proceed with a Global Health Initiative (more below), streamline Council and try to have a serious issue to debate once or twice per year.

The first issue was a paper that had been written for us by Professor Patrick Bradley and Professor Vin Paleri on the subject of HPV vaccination for males. I was delighted to see a good debate culminating in Council unanimously agreeing that we should push for a Gender Neutral Policy. As a result of this, we joined the HPV Alliance and I am thrilled that some progress has already been made. The Joint Committee on Vaccination announced in November that HPV vaccination will now be made available for men who have sex with men (MSM). That’s a good start. And it shows the power of joint working.

A new paper on developing Community ENT Care Doctors (not cheapened ENT surgeons) is now being considered.

The ENT UK Trustees also met in July and agreed with a proposal to have lay members on the Trustee Board. This is being actively pursued as we speak but will be subject to ratification at the AGM in May 2016. This meeting took place at the close of BACO 2015, which was a great success. My thanks go particularly to the Master Ian Mackay and the Local Organiser Andrew Swift. It is hard to describe the sheer number of hours of work that has to be put in to creating a successful international meeting so I wish Tim Woolford good luck for BACO 2018 in Manchester.

Looking ahead, we advertised for members to take part in the Global health Initiative and I was amazed and delighted with the large number of applicants and also their enthusiasm. We have appointed a Lead - Robin Youngs – and have charged him with setting up a committee and developing a strategy. I have no doubt this will be a fantastic initiative in the coming years and one that will make us all proud.
As the year closes, we have seen the RCS Clinical Trials Professor (Anne Schilder) being renewed and the Association supports this both professionally and with a small financial contribution. By now you will all have heard of Generate and its related activities.

Late 2015 was also distinguished by the first Junior Doctors ballot for strike action in decades, with a huge majority in favour. ENT UK has supported the trainees: both in writing and also in the media. The proposed new contract with less money for more hours is totally unacceptable.

I would also like to congratulate the new Academic appointments in the past year: Prof Vin Paleri in Newcastle, Professor Dan Jiang and a Readership to Miss Claire Hopkins – both in London. It shows how our specialty is fighting hard to be recognized.

Finally, as you will know, I have been off work for a couple of months this summer; luckily the offending gallstones have been removed and I am back and fighting fit. Many thanks to everyone who sent me get well wishes. I was in a major hospital outside London and I did experience the lack of senior ward rounds on a weekend personally. This took place 48 hours after an emergency admission. Perhaps you could all consider how sick patients are managed when the regular staff have gone home? Have a prosperous and safe New Year.

Mr. Jay Goswamy

Interface Fellow in Head and Neck Surgery, Guy’s Hospital
AOT Representative

ENT UK Trainee Report

Shape of Training:

The RCS position statement in response to the Shape of Training review includes recommendations that any changes should support mentoring and coaching as it is felt that shifts and rota have had a detrimental effect. We should be moving back to an apprentice style of training. There is a negative perception of emergency surgery due to shortages of doctors in emergency medicine and surgery impacting the experience in junior years; this must be rectified. Flexible working patterns must be more accommodating to attract more women into surgery. There should be a national undergraduate curriculum. Whilst a move to generalism is recommended to treat the ageing population we should continue to encourage specialisation and reduce the risk of a sub-consultant grade. The college and SAC committees are enthusiastic about all of these amendments. A statement was sent to the government almost 1 year ago. We are yet to hear back.

National selection:

This will follow the same format as last year. The Yorkshire deanery will host. There will be around 45 numbers available in England and Scotland with around 5 between Wales and Northern Ireland as was the case last year. Changes to the format include an alteration in the way the audit section is marked. Last year you needed 3 first and 3 second-authored audits maximum, now there is no limit and if all are lead author that is not a disadvantage. The portfolio remains 50% of the entire mark and as such scoring highly in this section vastly improves your chances of success. There will be no LAT posts offered. The interview is 7th and 8th April 2016.
Workforce planning groups have suggested an increase in numbers is required in ENT due to an ageing population and increased demand on our services. That coupled with the fact that with the imposition of the new consultant contracts many will move overseas, we will be understaffed in the future. That said the focus from the government is for more doctors in General Practice and Acute Medicine. There will be no expansion in ENT numbers.

Boot camps:
Cardiothoracic surgery, Neurosurgery and Vascular surgery have established boot camps on induction to their specialty. Although ENT is a far larger specialty, (the third largest surgical specialty) the boot camp was trialled this year and was felt to be a universal success. New ST3s discussed how they would manage nerve-wracking cases and practiced common ENT procedures in a supportive environment. The intention is for this to be rolled out to all new ST3s next year at 2 sites covering the North and South. All places should be funded and ENT UK is looking into this.

The Strike:
This has been delayed until the New Year. ENT UK fully supports junior doctors and opposes the new plans for contracts and working hours. The BMA are the only group permitted to negotiate with the government. Interestingly the BMA is mainly made up of GPs. In terms of contractual changes if the 11% pay rise is increased to 19% it would make the agreement more attractive to them and the bill may be passed. This would be detrimental to surgical trainees and as such we should stand together in opposition.

e-lefENT:
E-lefENT has seen a huge expansion and has increased in its user-ship by 400% over the last year. Three countries in Africa are using it as their main curriculum. Australia, South Africa and Hong Kong have also expressed interest.

BACO 2015:
A highly enjoyable and informative event. The clinical skills sessions were well received and feedback from speech pathologists and medical students was very positive. Some felt the price was too high (although the profit goes to funding charitable world-wide work and the exam) and some didn’t find the virtual posters as useful in terms of getting noticed as printed ones. Please forward your views to gm@ent.org

Medical students:
There are now 80 medical student members. RCS have used the undergraduate curriculum supplied by ENT UK. If you are attending a careers fair you can use the kit boards supplied by ENT UK. There is a handbook for medical students in production. The Foundation Conference for foundation doctors and medical students included lectures and skills lessons and received very good feedback.

HPV vaccination:
ENT UK continues to campaign for the universal vaccination of all boys. The government has only expanded its vaccination programme to MSM (men who have sex with men) and those positive with HIV.

Community based specialists:
This is a divisive topic. Ophthalmology already has an option for NTNs in Ophthalmological Medicine. This may be a solution to the dramatic increase in referrals and reduction in patients requiring operations. Many feel this move would essentially sell off a critical part of our profession and a wholeheartedly opposed.

There has never been a better time to get into ENT. All aspects of our specialty are undergoing exciting changes and this has coincided with improved ratios of applications to specialist training and numbers available. Encourage your juniors; it is up to us to keep up this momentum.

Merry Christmas and Happy New Year!
My final SAC Update

I finish my three year term as SAC Chairman at the end of 2015. I am delighted that Jeremy Davis has been appointed as my successor. Jeremy is a very experienced TPD as well as being a well respected trainer with experience as Treasurer of BAETS. He will bring a wealth of experience and wisdom regarding training matters and is well supported by an outstanding group of SAC members. During the last three years much has been achieved by the SAC. Like all aspects of medicine (and life) postgraduate training remains an ever changing field where one often has to run just to keep up. This article serves as a useful ‘stock take’ of summarising changes that have happened in the last three years as well as challenges and developments for the future.

Relationships with Trainees

I am delighted that the SAC has strengthened relations with AOT. This is crucial because trainees should have a significant input into how their training programme (which includes the curriculum) is structured and delivered. They should be involved in quality assurance of programmes and their expertise in the use of information technology and social media should be utilised. AOT representatives have contributed constructively and significantly to the working of the SAC and the JCST. We have been fortunate in that one of our trainee reps, Zaid Awad, has been able to use his experience gained during his PhD work to contribute to the simulation agenda for the JCST which has been very fruitful. The AOT has also participated as observers doing QA work and as question writers to the national selection process. May Yaneza, Zaid Awad and Rob Nash have made a real difference to the way the SAC works as AOT Presidents and trainees have been fortunate to have such dedicated people representing them.

The trainee trajectory, checklists and the new certification process

We have developed checklists so that trainees can check the levels they should be at in acquiring competencies during training to ensure they are ‘on track’ compared to their peers and expected rate of progress. The ST6 checklist is important as the ST6 ARCP is a crucial waypoint in assessing progress. The Index Emergency Checklist gives trainees an idea as to the level they should be at at ST4 and ST6 with respect to managing some index emergency cases. Gaining experience and providing evidence of competence in the management of unselected emergencies is crucial for trainees and this area is getting more attention from the SAC. These checklists should be used by all trainees to monitor their progress in a formative manner. They can also be used by TPDs and ARCP panels to monitor progress in an open and transparent manner. Further work will be done to analyse acquisition of the different levels of technical skills recorded in PBAs in order to benchmark expected acquisition of competence in most procedures. From 2016 the way the SAC recommends an award of a CCT is going to change. Currently once an ARCP 6 is awarded documentation is sent to the SAC chairman who decides whether or not the evidence is available to confirm competence to CCT level. This is changing so that the SAC liaison member will have an important responsibility to provide external input to the ARCP 6 so that SAC advice is given prior to ARCP 6. The main change that trainees and TPDs will notice is the need to ensure their ISCP portfolio is satisfactorily populated with evidence in good time (preferably 6 months) prior to their ARCP. All checklists are available on the JCST website.

Curriculum

A major review of the curriculum was accepted by the GMC and implemented in 2012. The curriculum is a living document and should reflect the way in which the service changes and is structured. We are about to submit a revised curriculum. We will introduce a new module on tracheostomy management and have revised the levels expected of many procedures. Curriculum reviews are likely to be needed every 3 to 4 years. The SAC believe we have a curriculum that is fit for purpose and enables us to train ENT surgeons to a high standard.
Quality Assurance
QA is an important part of SAC business. We monitor the quality of programmes by publishing Quality indicators (QIs, published on the JCST website) and then checking adherence to these QIs via liaison member reports, the JCST and GMC surveys. Data we receive from these surveys are very helpful for us to monitor the quality of programmes. Thank you to those who fill them in; they are read and taken notice of. The quality of programmes continues to improve. Over 90% of trainees report attending 4 or more lists per week. All trainees achieve the required number of operations by CCT. They have access to all branches of ENT. Fewer trainees are potentially unsupervised when on call. We conducted a successful programme review of the East of England programme which has assured the SAC that this is a strong programme. Constructive suggestions were made (and accepted and implemented) to improve the programme. The following areas will be the focus of QA review in the following year; impact that fellows have on training, access to specialist paediatric surgery and pastoral aspects of training. Our formal QA processes demonstrate that all programmes deliver high quality training, across the UK. This is a notable achievement in these difficult times.

National Selection
This is perhaps the most public face of SAC work although it is run by Health Education England. National Selection in England and Scotland is now well established. An enormous amount of work goes into ensuring this is fit for purpose and fair. Derek Skinner led a major review of NS in 2014 which involved all key players and went out to widespread consultation. We have changed the process to make it more fair and consistent, moving the governance of it towards the standard of the exam. We now have improved calibration, a large bank of validated questions and a system for reviewing the process. This is an extremely high stakes event for candidates and we need to ensure that it is fit for purpose. We believe as a result of the review that we are moving in the right direction.

Simulation & Bootcamps
Increasing the amount of simulated training within the curriculum and programmes is a key priority of the JCST and is supported by the GMC, Health Education England and patient groups. ENT has a long track record of simulated training especially in Temporal Bone dissection courses. We need to ensure that the standard of training is equivalent for all trainees, that it is fit for purpose and available for all. An AOT run survey should good access to simulated training. We have written curricula and workplace based assessments for Temporal Bone, FESS, Laser and Septorhinoplasty courses and plan to introduce these curricula into the public domain soon. A big challenge will be to ensure they are delivered according to what is expected, and to ensure enough faculty are available to teach, something that seems to becoming increasingly difficult.

Charlie Hall from Gloucester has run two pilot 'induction bootcamps' for new ST3 trainees in 2014 and 2015. The aim of these are to ensure new registrars are familiar with what is expected of them as registrars, with lectures on 'scary emergencies', simulation work (voxelman, tracheostomy, suturing, facial flaps etc) and human factors training. Initial feedback has been very favourable. The SAC aim for and expect that all new ST3 trainees in 2016 will be able to attend one of two bootcamps (with identical content) to be held in Wigan and Bristol. Shahed Qureshi, Charlie Hall and Nirmal Kumar will be organising these courses; more details will follow in due course.

Workforce
As with most specialities there seem to be fewer applicants for ENT ST3, which may be due to poor experience in undergraduate and foundation years, perception of a poor work/ life balance or other matters. We need to redouble efforts to ensure ENT has a high positive profile and is seen to represent a good career choice. The work done on behalf of ENT UK by Simon Lloyd who has chaired the undergraduate committee of ENT UK is outstanding in its achievements. A new curriculum for undergraduates has been written and publicised. A dynamic group of students and foundation doctors run the Student and Foundation Doctors Group (SFO) which has raised the profile of ENT among students and foundation doctors. Their website is available on the ENT UK site (SFO). Please visit it and encourage young doctors and students into ENT where possible. More jobs are being advertised than there are CCT holders. Work by Jeremy Davis has shown an approx. 20% increase in consultant posts over the last 5 years. A lot of advertisements are for new posts. We have started to appoint more trainees to ST3 posts but this will take time for the effect to be seen. The problem is compounded by early retirements, newly qualified consultants going overseas and conversion of associate specialist and SAS posts into consultant posts. There is no easy answer to this problem and all we can do currently is monitor the situation.
SAC Membership
Andy Parker and Robin Youngs leave the SAC at the end of 2015. Anne-Louise McDermott and Sue Clarke are new members and will serve a 5 year term. There will be more vacancies at the end of 2016 and those with extensive experience of postgraduate training are encouraged to apply for what is a very worthwhile job.

I am most grateful to those who have supported me during my tenure. I wish my successor and all the SAC all the very best and am sure that it will continue to make a big difference to training.

Mr. Ven Reddy
YCOHNS President, Consultant, Royal Cornwall Hospital

Mr. Andy Carswell
YCOHNS Secretary, Consultant, Great Western Hospital, Swindon

YCOHNS Update
As the year draws to a close, negotiations are ongoing to determine the shape of the new consultant contract. A primary driver is to make 7-day working extend to include elective work, without any new funding, by restructuring of the current pay systems. Whilst it is unwise to prejudice the outcome, the objective is clearly to get more for less. The unsociable nature of Saturday working is up for debate or more precisely the recognition and remuneration for such work. Consultants working the most onerous out of hours might receive more pay, whilst others working less onerously are likely to pay for it. Will this be defined by the frequency of the on call rota or the nature of work? We will have to wait and see what comes from the negotiations, then focus on opportunities that might arise for self-preservation. The BMA aims to secure a contract that will limit Saturday working, whether elective or on call, to 1 in 4. Beyond the threats to ourselves, our services continue to be threatened by ‘postcode lottery rationing’ and organisational limitations.

This year’s YCOHNS meeting was enjoyed by all and hosted several illuminating talks. A discussion of centralisation and mergers of ENT services was delivered by Paul Tierney who shared his insights on the Bristol experience providing a model for future service provision where it is geographically possible. Darren Pinder offered insights on NHS work and training outside of traditional NHS departments, illustrating the potential for NHS Trusts to bid to deliver services in non-NHS facilities. Angus Waddell shared his experience of the Clinical Excellence Awards scheme and how it can be navigated. It is uncertain what form CEAs will take in the future as these are part of the current contract negotiations. Professor Nirmal Kumar shared his thoughts on modern medical education and surgical training. Tony Jacobs provided an update on private practice, including partnership models. Young consultants may want to consider these strategies in the face of potential financial shortfalls of new consultant contracts, and the continued threat to routine elective ENT to ensure availability of the full range of ENT services to patients regardless of how they are paid for.

The proceedings of the next few months will likely determine the final programme for the next YCOHNS annual meeting in October 2016. We anticipate it will include a full day programme of sessions including how to develop a business plan and exploring various professional roles one may become involved with as a young consultant.

We are keen to promote service development successes that can be a model for other departments, so anyone who is willing to share their pearls and pitfalls is invited to contact us at ycohns@hotmail.com.
ENT and Facial Plastic Surgery

Since ENT was established as a distinct specialty of general surgery over a century ago our specialty has seen the development of sub-specialists with further training in each of the sub-specialities with fellowships and observerships. Facial plastic and reconstructive surgery is the most recent sub-speciality that has now become an integral part of ENT training.

The recent trend began in the early nineteen fifties with the formation of the American Academy of Facial Plastic Surgery lead by ENT Surgeons. This move however has met with opposition from other specialties. Despite this opposition the specialty is well recognised with meticulous fellowship training programmes and certification in the USA, though Europe and UK lag behind.

However European academy of facial plastic surgery has made great strides recently, establishing the certification process with fellowships and annual examination held in London facilitating board certification. Additionally facial plastic surgery is an integral part of otolaryngology training as well as the exit examinations. This gives us a legitimacy required to practice this specialty safely in the best interest of our patients.

Currently most facial plastic surgeons in the UK are rhinoplasty based. Personally I would like to see a larger cohort of surgeons practicing the specialty in its entirety, to include skin cancer and reconstructive facial plastic surgery, non-surgical facial rejuvenation, surgical facial rejuvenation in addition to rhinoplasty surgery. It is therefore important to recognise that training in reconstructive head and neck surgery is crucial as opposed to a strategic focus on nasal and sinus surgery.

In terms of developing a successful surgical practice, one has to recognise the importance of a healthy nonsurgical aesthetic practice as this has a direct impact on surgical practice and vice versa. Generally speaking rejuvenation facial plastic surgery does not follow particular economic trends, hence demand is high in all patient population groups across the country. The combination of this high demand with limited availability qualified providers, and poor regulation has led to the proliferation of high street clinics that are poorly regulated, often putting our patients at risk. Recent guidelines provided by CSIC of the college following publication of Keogh report intends to address this issue, but the success of this move remains questionable in the absence of adequate legislation.

With regards to training, currently there are few training centres in the UK and Europe that offer comprehensive training. This situation is changing rapidly, with fellowships being offered by EAFPS and TIG in cosmetic surgery.

As the President of FPS UK, I will be working with other surgical specialties, through the college to set standards in cosmetic surgery, accredit training centres as well as make the availability of advice and information regarding training more accessible to trainees.

Finally I would like to welcome you to, the FPS UK meeting in February, and the EAFPS meeting in September, both held in London and support our speciality.
New Registrar Induction Simulation Course

The second pilot of the registrar Boot Camp was run in Bristol on 10th & 11th September. Having organised the first pilot last year with 8 trainees, the course was expanded to accommodate 16 trainees from the London, Severn, Oxford, Wessex and Peninsular Deaneries.

The aim of the course is to provide recently appointed registrars with a toolkit of skills to facilitate their introduction to higher surgical training. The focus is on patient safety and alleviating some of the anxieties that this step-up in responsibility can induce.

The course employs a series of technical simulations and non-technical / human factors stations. Covered on the first day are: set-up for a major ear, set-up for FESS procedures, setting up a facial nerve simulator, pediatric airway management, microlaryngoscopy and speech valve insertion. A human factors simulation based around a simulated grommet insertion in a busy operating theatre was also performed.

The second day utilises the Clinical Anatomy Suite in the Vesalius Clinical Training Centre in Bristol. Tracheostomy and drain insertion on Fresh Frozen Cadaveric material, basic skin flaps on pig’s trotters, and Harmonic Scalpel & Coblation demonstrations are all included. The afternoon is lecture based, covering common emergencies, global objectives and expectations of training. There are also lectures on managing stress and help for doctors in difficulty.

The feedback from the trainees for both courses has been very good. Following discussion at the SAC/TPD Meetings on 23rd & 24th September, a National Boot Camp for all new trainees appointed through National Selection will run in September 2016. This will be based on two sites (Wigan & Bristol) on different dates to allow flexibility for trainees. Professor Nirmal Kumar will run the Wigan Course.

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 this 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. I am always open to new ideas and fresh perspective, so please contact me if you have an interest in this direction.

Trainee’s Perspective

“I found that the course was extremely useful in terms of a refresher on some key knowledge points and to learn some new points. The whole environment was friendly and not at all intimidating. It was useful to find out what is expected of us as new registrars and how to make the most of our relationships with consultants. As well as the learning, it was a great opportunity to meet others at the same level from across the Deaneries. Both the days were very well set up and supported well by all faculty members and sponsors from various companies. The days ran as timetabled and I found there was a good mix of talks, practical stations and knowledge stations, with ample opportunities to ask those questions that we may be otherwise too scared/embarrassed to ask. I found this course extremely useful and have gained many tips on how to maximise my training.”

Hirotaka Ishii - ST3 Severn Deanery
ENT UK Newsletter Feedback Survey 2015

Earlier this year, ENT UK sent out a survey seeking reader feedback on our quarterly newsletter. Only a small minority of members responded, and it’s difficult to speculate why this might be! Are most of us content with the newsletter in its current format, and feel that no feedback is necessary? Do we have survey fatigue? Are we more likely to complete surveys which offer CPD points? Perhaps we receive so many emails that we act only on those requiring our personal attention? ENT UK is the professional membership body that represents Ear, Nose and Throat and its related specialties; representing over 1,300 medical practitioners including surgeons, trainees and audiologists. It’s therefore important that you let us know how we can best keep you updated and informed with our newsletter, which is the mouthpiece of your ENT UK Council.

56% of respondents were either extremely satisfied or very satisfied with the newsletter; 38% neutral; 6% were not very satisfied, and 0% extremely dissatisfied. The high percentage of neutral responses suggests that your feedback will be valuable in making the newsletter more relevant to your needs.

What you like about the newsletter
Things you like about the newsletter include the fact that it offers an up-to-date overview of what's going on in ENT nationally, and that articles are written by senior figures within the specialty. You like the range of topics covered and the newsletter's relevance to practice, as well as its electronic format and accessibility. Many of you appreciate the publication of information that cannot be easily found elsewhere, especially that of a medico-political nature.

What you don’t like about the newsletter
Some respondents feel there should be more representation from trainees and academics, and perhaps less on topics like independent practice. Others commented that articles tend to be written by the same people.

What you’d like to see in the newsletter
Respondents are keen to see more updates on training issues, academia, revalidation and retirement. Clinical guidance for everyday practice was suggested, as was information from the devolved nations.

What next?
Whilst the newsletter is primarily intended for communication between the ENT UK Council and the membership, relevant articles from other authors have always been considered, and will be encouraged for future editions. It is clear that respondents to the survey were keen to see articles from a wider range of groups, particularly trainees and academics. In 2016 we will look to encourage all subspecialties within the ENT UK umbrella to make a contribution at least once a year and more often as the need arises.

If you have any additional feedback that might help us make the newsletter more relevant to your needs, or if you have an idea for an article which would be relevant and interesting to ENT UK’s membership, please email ENT UK’s communications officer phillippa@entuk.org