Professor Antony Narula
President, ENT UK

President’s Farewell

It has been two years since I took over from Valerie Lund CBE, and by the time you read this, my term of office will be over and Brian Bingham will have been installed as the new President of our Association. I have written before about the tremendous support I have received from the Executive Team and also the staff who are ably led by our General Manager Lyndy Pullan. I would especially like to mention John Rubin and Nirmal Kumar who have made my life much easier.

Over the past two years we have become more professional in our management structures, in particular thanks to the efforts of our Finance and Audit committee which has been chaired by a lay person: Stephen Evans. He has now agreed to join the Trustee Board so we will be looking for a new independent chair for this committee. Please contact me if you have any suggestions. Stephen is the second lay member of the Board joining Andrew Gamble.

We have worked hard to spread the word about membership and I have been fortunate to be invited to address various regional ENT groups during my term of office. The Association has continued to support the Paediatric ENT Skills Course (PESC), which has been very popular, and we are now investing in developing a new Adult Emergency course, which was piloted this year. Raj Bhalla from Manchester is leading this initiative. In addition, a lot of effort has gone into looking at the future of e-lefENT and we should have an announcement about the way forward this summer.

On a national level, we have debated the issue of HPV vaccination for males and our Council voted overwhelmingly to back this. As a result, ENT UK have joined a national multi-disciplinary pressure group to push for this change and we continue to urge all members to bring this up when you meet anyone of influence.
At present, you will have seen the new consultation document on outpatient safe numbers which has been developed by Council members. I look forward to your comments and to Council formally adopting this in the near future. This should support members day to day. Brian Bingham has also been developing links with the CQC so that they know what is important to inspect when they visit hospitals. Another practical support for all those of you at the coalface.

We also looked carefully at a paper on Community ENT Specialists last year. Council did not feel they wished to support this proposal at present so the idea has been shelved. However, with rising demand for ENT services and the ongoing lack of knowledge in general practice, I suspect the issue will return in time. The proposal that the GMC will introduce a new National Licensing Exam means they will have to publish a curriculum and our own committees have already prepared for this.

I know that the NHS remains under considerable pressure and I appreciate that you all work extremely hard – often with little or no thanks. I would like to state for the record that your Association understands the pressures being faced and exists to help you deliver excellent patient care. I thank everyone involved with the Association – in particular the Council members of all the Specialty Societies - for their support and advice and I will now ride off into the sunset. Or maybe I will find new things to do!

Professor Tim Woolford  
Chair, Local Organising Committee

BACO International 2018

As Chair of the Local Organising Committee, I am delighted that Manchester has been chosen to host BACO International in 2018. Manchester Central Conference Centre is a flexible, purpose built venue, and we are confident that we can host a memorable event. My committee has been working closely with Professor Vin Paleri to ensure that his ambitious academic programme can be accommodated. We will again have live cadaveric dissection at the conference. The Clinical Skills Centre, which is now such a feature of BACO will be enlarged, and be situated in the iconic Central Hall. For the first time we will also be holding educational sessions for local school children in the skills centre.

Manchester has an international reputation for sport and culture, and has recently been named the Country’s New Capital of Culture by the Rough Guide Travel Books. The social events we are planning will reflect this. On Wednesday we will be hosting an event at Old Trafford, home of Manchester United where delegates will tour the famous museum and ground. In a departure from previous years, on the Thursday night we will be holding a Gala Party for everyone at the conference centre, with ‘international food’ options, live music and dancing till late. July 4th-6th 2018 is a date for your diaries. Do join us in Manchester next year.

For more information, visit
BACOInternational.org

ENT UK Newsletter
The plans for BACO International 2018 are moving ahead at significant pace. Like the last BACO, we fully expect close to 1,500 delegates to visit Manchester Central for one of the world’s premier meetings in this speciality.

The theme for BACO International 2018 is "Innovation and Collaboration in ENT". The BACO organising committee has approved a very forward looking scientific programme that includes collaborative sessions across the seven sub-specialist societies within ENT UK.

Like the last two events, we will have an updated clinical skills section, led by Professor Neil Tolley, and cadaver dissection sessions led by Mr Raj Bhalla. Manchester Central is a superb venue that comfortably accommodates all the above, with the ability to deliver well over a hundred symposia across three days.

Ably assisted by my excellent colleague Mr Steven Powell, and the councils of the sub-specialist societies within ENT UK, the Academic Committee has arranged an outstanding array of international faculty, and expect the website to be populated over the next few months.

Participants can expect to interact with over two dozen international faculty, and with two guest countries, there is no better time to network and collect CME points in the ENT calendar. Brazil and India have been chosen as the guest countries, with participants from these nations receiving discounted rates; there will also be dedicated symposia led by their specialist societies.

The social programme planned for BACO 2018, by Professor Tim Woolford, is second to none. I would urge you all to free up your calendars for three days of educational bonanza between the 4th and 6th July 2018.

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<td>Registration opens:</td>
<td>May 2017</td>
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<tr>
<td>Call for abstracts opens:</td>
<td>May 2017</td>
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<tr>
<td>Abstract submission deadline:</td>
<td>Friday 26th January 2018</td>
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<td>Discounted registration deadline:</td>
<td>Friday 16th March 2018</td>
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Mr. Andrew Robson
Director of Education ENT UK, and Guardian of Safe Working

The new junior doctor contract: implications for ENT surgeons and departments

The politics and history around the imposition of the new junior doctors contract have been well rehearsed and will not be repeated in this article. I also do not intend to cover the difficult issue of payment under the new contract. Suffice to say that there are real concerns that those on non resident on call patterns appear likely to be disadvantaged financially. The focus of this piece is to outline how the contract will be implemented, how things will be different, and what the implications are for departments.

Junior doctors who commence a new contract after August 2016 will come under the new Terms and Conditions of Service (TCS). Those StRs who started employment by a Lead Employer Trust (LET) before August 2016 will not come under the new TCS. All others will gradually move to the new TCS. Non training grades will not be on the new contract, so doctors on middle grade rotas will not all be on the same contract or conditions of service. The Junior Doctors contract section of the NHS Employers website provides a wealth of useful information, including the full TCS. Schedules 3, 5 and 6 are the most important parts of the new contract to read. The factsheet on rota rules gives a very useful guide.

There is no doubt that the new rules make working patterns less flexible. Employers have a legal duty to ensure that rotas fit in to the rules of the new contract. Doctors cannot work more than 72 hours in any week, and 48 hours average in a rota cycle (there is an opt out available to 56 hours). There is more flexibility for those on non resident on call in terms of rota patterns than those on full shifts. It is important to be familiar with these rules as HR managers may incorrectly impose the more stringent rules applicable to those on full shifts to non resident on call patterns. There is a requirement for an expectation of at least five hours rest between 2200 and 0700, which may mean that time off will be need to be built in to a day following on call. This may provide a good opportunity for StRs to be supernumerary on a day after on call, providing a chance for direct educational supervision, e.g. in a clinic. All doctors on the new contract will have a work schedule outlining service commitments, supervision, rota, pay and education. You should ensure that you have an opportunity to provide input into the design of these schedules in your department and ensure they are fit for purpose. Any deviation from the work schedule can trigger an Exception Report (ER). Examples include loss of educational opportunities e.g. covering clinic instead of being in theatre, working beyond contracted hours, missing breaks. Supervisors and trainees will agree how these will be managed (via an electronic system) which may include extra payment, or time off in lieu. If repeated ERs demonstrate a pattern of schedule deviations, a review of work schedules will be required. So it is really important to try to get the work schedules right first time.

The system of work schedules and exception reporting is designed to identify areas where trainees are missing educational opportunities or are repeatedly and unreasonably working beyond the hours for which they are paid. Reporting through a formal system will identify to trust executives human resource issues, demonstrate the adverse effects of vacancies, and provide evidence that working practices need to change and that more resources may be needed. This has not happened before and should be viewed constructively.

Each trust has appointed a Guardian of Safe Working (GOSW) who is a senior clinician independent of management who is charged with reviewing exception reports and work schedules. Importantly, he or she has a requirement to report quarterly to trust board
identifying areas of unsafe practice, difficulties accessing educational opportunities, effects of rota gaps etc, and is empowered to report to regulators if not receiving the support of trust board. This ensures that problems ‘on the ground’ can, when backed up by the evidence within exception reports, be reported up to the highest level within an organisation. The GOSW should be available to you to provide advice on work schedule design and management of exception reports. There will undoubtedly be unexpected negative consequences of the new TCS, and the new contract starts off with a bad press. However, as with many things, there are opportunities available to improve the lot of trainees and a constructive, open minded approach to implementation is to be encouraged.

Mr. Jeremy Davis  
Chair, SAC in Otolaryngology  

Specialist Advisory Committee Update  

There have been two areas of development for the Specialist Advisory Committee in the past months. Firstly, Paul Spraggs has been taking forward the development of the curriculum. For many years it has been a requirement for trainees to demonstrate a subspecialty interest when they are recommended for the award of a CCT (Certificate of Completion of Training). However, there has not been any formal benchmarking for the assessment of subspecialty interests. After discussion within the committee, it is been agreed that Paul will develop a number of subspecialty interest modules which can then be used when assessing applications from trainees for a recommendation for CCT to decide whether they have indeed developed a subspecialty interest. This will of course initially be applied flexibly, as we may not cover all the range of possible subspecialty interests, and trainees may demonstrate a subspecialty interest in ways other than set out in these modules. However, the modules will provide information that can be used for a benchmark.

Secondly, we are preparing a pilot selection scheme where trainees will join the specialty at the beginning of core training, and as long as they achieve an ARCP1 each year then they will move on to higher specialty training after the first two years, and will be awarded a CCT at the end of the eighth year of specialty training. This will be subject to passing relevant examinations and fulfilling curriculum requirements.

This is of course controversial, but many specialties are moving in this direction. Trainees value the certainty of where they will be working for an eight year period and the knowledge that as long as they achieve the required goals then they will, after eight years, be recommended for a CCT. There are fewer surgical trainees, both because surgery is seen as a less attractive option than it used to be, and because there are fewer surgical core training posts. We are competing for the best applicants with other surgical specialties and it is important that ENT remains an attractive option for the best surgical trainees. Professor Nirmal Kumar is taking forward the application process to the GMC, and ENT UK is supporting the pilot, subject to a further discussion before the scheme becomes more widespread. We hope to be able to recruit the first run-through trainees in this pilot in 2018, but there is a process that has to be undertaken to gain approval from the GMC and timetables are quite tight for achieving this.

I would like to offer special thanks to Simon Hickey, Tim Mitchell and Philip Robinson who leave the SAC this year - they have all made major contributions to ENT training. Their successors will be appointed soon, possibly by the time this update is published.

If you have any questions regarding the role of the SAC, or about training in our specialty, then please do feel free to get in touch.
Mr. Andrew Robson  
Director of Education ENT UK

Adult Emergency Surgical Skills Course, 6th March 2017

The educational strategy of ENT UK is clearly focused on ensuring that resources are available to support the maintenance of emergency safe skills so that members are able to provide assurance of these skills for revalidation. The paediatric skills course has been running successfully for more than five years now, and the e-lefENT website is changing its emphasis to provide more interactive modules to support consultant and SAS CPD. A challenging area to develop is a course covering adult emergency skills due to its diversity and the requirement to satisfy members from all subspecialty areas.

The challenge to provide such a course was taken up by Raj Bhalla, Consultant Rhinologist in Manchester and Chair of the Courses and Simulation Committee, ENT UK. With colleagues he devised a course with the objective of providing case based discussions (CBDs) of common emergencies covering otology, rhinology and head and neck as well as cadaveric dissection to consolidate emergency techniques.

The first pilot course, provided to members as a benefit at nominal cost, was held at the Manchester Surgical Skills and Simulation Centre. Sixteen delegates came from a variety of subspecialties, from district general hospitals as and teaching hospitals, and included three staff grades. Lectures and CBDs in head and neck covered airway emergencies, neck space infections and management of foreign bodies. In rhinology an update on the management of epistaxis and complications of sinus surgery provided much discussion, and the otology session covered mastoiditis, facial palsy and sudden sensorineural hearing loss.

Delegates paired up for the cadaveric dissection, with pairs from different subspecialties so that they could teach and pass on useful tips. Head and neck procedures practised included neck exploration, tracheostomy and scalpel thyroidotomy. The latter could be clearly shown to be superior to tracheostomy in providing rapid access to the airway in a dire emergency and complements the guidelines on front of neck access published by the Difficult Airway Society. Rhinological techniques included SPA ligation, external approach to anterior ethmoid ligation and cantholysis, whilst delegates either practised or supervised cortical mastoidectomy.

Faculty and delegates at the 1st ENT UK Adult Emergency Surgical Skills Course, Manchester, March 2017
As with all pilots, feedback from delegates is crucial and the course will be modified according to feedback. Initial feedback was very positive with delegates being able to discuss scenarios and practise techniques in a non clinical, neutral environment. The cadaveric dissection was felt to be key to a successful course.

The next pilot will be held on October 2nd 2017 in Bristol. There will be changes to improve delegate involvement in case discussions. Modules will be uploaded to the e-lefENT website so that members can revise their emergency competencies and receive CPD certificates to support their appraisal. Following the second pilot the course will be reviewed to decide about a long term plan for provision of such courses from 2018. The course in Bristol will be advertised shortly. Anyone interested in attending should contact the ENT UK office in the first instance.

Raj and colleagues are to be congratulated on providing such a stimulating and innovative course. It is hoped that ENT UK will be able to support this course, as well as PESC, to support members in their maintenance of their emergency skills.

The NATTINA study is a NIHR HTA funded clinical trial (Ref. 12/146/06) assessing the effectiveness of tonsillectomy in adults. Participants are randomised to immediate tonsillectomy or to have surgery deferred for two years. The aim is to recruit 510 participants across the UK and provide high quality evidence to inform clinical care.

After a successful feasibility study and an internal pilot we realised NATTINA requires UK-wide recruitment! ENT UK and the Clinical Research Network encouraged numerous expressions of interest. Twenty two new sites have been selected to join the study. There are now thirty recruiting centres UK-wide.

The overwhelming support of the ENT community is absolutely key for trial success. NATTINA depends on the close collaboration and support of ENT centres across the UK. We wish to thank all NATTINA PI’s and research staff for making this study an ongoing success.

Information available on the NATTINA website
Or from the Trial Management Team:

Professor Janet Wilson,
Chief Investigator

Alexander von Wilamowitz-Moellendorff,
Trial Manager

Telephone: 0191 208 2524