Congratulations to all those successful at ST3 National Selection this year.

In the current ENT UK newsletter we have important updates from Jeremy Davis, SAC Chair, and Andrew Robson, ETC Chair. Robin Youngs introduces ENT UK Global Health, and we’re pleased to feature a focus piece on SFO UK.

ENT UK does a great deal on behalf of our profession, and we aim to profile more of this valuable work in future editions.

Finally, you may have noticed that we’ve had a makeover. Get in touch if you have any feedback.

Emma Stapleton
Deputy Editor

Professor Tony Narula
President, ENT UK

From the President’s Desk

I write this from Edinburgh where the amazingly successful 10th International Conference on Cholesteatoma and Ear Surgery meeting, CHOLE2016, is taking place. Matthew Yung and Chris Raine are to be commended for attracting nearly a thousand delegates from over fifty countries. There are lessons that ENT UK can learn for future BACO conferences including the bespoke iPhone app for the conference programme and the close involvement of so many related Societies.

Closer to home, our Annual General Meeting approved our proposal to allow us to recruit non-medical Trustees (up to a maximum of three). Our first recruit is Andrew Gamble; he is a retired City lawyer who has been helping the Royal College of Surgeons over the past few years on the Finance and International Boards. His brief biography is available on our website. Over the next twenty-four months, I hope we will recruit two more lay people to guide us.

At the May Royal Society of Medicine meeting, we had the Garnet Passe lecture given by Professor Suren Krishnan from Adelaide. I had the opportunity to talk to some of the Trustees of that charity and we are going to develop some proposals to work more closely together, probably in the area of research collaboration.

The September 9th ENT UK Annual Meeting programme has been finalised, and can be viewed on our website. Professor Anil Lalwani from New York is the invited Lionel Colledge memorial lecturer and we will be hosting a reception in the evening for all previous Colledge fellows. If you have not been invited please contact me or the membership department at the College. I wish everyone a restful summer.

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Chair, SAC in Otolaryngology

SAC Update

Having taken over the reins as Chair of the SAC from Andrew Robson in January 2016, now is a good time to reflect on the functions of the committee. Andrew was an outstanding Chair I would like to publicly thank him for all his hard work. What is not always apparent to anyone, other than the Chair, is the hard work undertaken by all the members of the committee, often in their free time at weekends and in the evening. Every single member of the committee has, in the short time I have been Chair, made significant individual contributions to improve ENT training in the UK and Ireland, and they all deserve our thanks.

The work of the SAC, which is administered through the JCST, includes advising the GMC on the curriculum (the GMC makes the final decisions), quality assuring both higher surgical training posts and programs (again in an advisory role), working with Health Education Yorkshire and Humber on the national selection process for England and Scotland, and advising the GMC on suitability for individuals to join the Specialist Register, both through the CCT route and through CESR Applications.

There have been some minor changes to the Curriculum. Until recently, we did not have a specific tracheostomy module. This has now been added as one of the last changes arranged by Andrew in his time as Chair. Paul Spraggs is now curriculum lead and is working with me, on making sure that there is equivalence across specialties where the same clinical conditions can be treated by individual specialties. I hope in the future ensure we can ensure our trainees have a basic understanding of healthcare economics.

It is now widely understood that the key quality indicators ensuring NTN trainees have access to an average of four lists and three OPD sessions in every post they undertake are essential. The SAC does have some continuing concerns where there is overlap with fellows and continue to monitor this and advise when required. It is important that the training of StRs is not disadvantaged by the presence of fellows. We expect StRs to be trained by Consultants and wherever possible to be the lead surgeon after the consultant in operating theatre sessions.

The Yorkshire and Humber Team, together with Helen Cruickshank as National Selection Lead, ran a characteristically excellent selection process on 3rd and 4th May 2016. I am grateful to all those who participated, and to ENT UK for helping recruit extra interviewers at short notice when the original dates had to be changed due to the junior doctors industrial action. Although the overall number of candidates was less than in previous years, and the number of posts on offer greater than last year, the overall standard of applicants was very good and offers were made for all available posts. Angus Cain has recently taken over the National Selection Lead role.

Probably the most significant change in the past few months has been the way trainees are assessed for CCT. Until very recently, when StRs were coming towards the end of their training, they would undergo LETB/Deanery assessment through the ARCP process and if they were at the end of training, and there were no obvious concerns, they would be issues with an ARCP6 outcome. The trainee would then submit all the relevant evidence to the JCST, and the SAC Chair made a recommendation to the GMC for the award of the CCT. In most cases this worked well, but in a few cases not all the curriculum requirements had been met and the...
recommendation was not forthcoming. That created a difficult situation for both the trainee who was about to leave the training programme potentially without a recommendation for award of CCT, and the training programme that had not picked up missing evidence.

The new system, very recently introduced, requires the SAC Liaison Member for each programme to attend the ARCP6 meeting, having reviewed all the evidence on ISCP in advance. This does mean that the Liaison Member may advise that a trainee is not ready for an ARCP6 outcome if all the required evidence is not uploaded. Some trainees and trainers have been concerned that the requirements for CCT have been set at a higher level than was previously the case - but all that has happened is that the time at which the evidence is assessed has been brought forward by a month or two to the final ARCP meeting. Craig Murray will be speaking at the July AOT meeting, representing the SAC, and will be able to answer any questions from trainees regarding this change.

Once the relevant JCST/SAC recommendation is in place, the Trainee has to formally apply to the GMC for inclusion on the specialist register. This MUST be done within twelve months of the JCST recommendation - if not, the GMC will not routinely consider the application, potentially leaving the individual no choice but to reapply through the CESR process. If the individual delays by just six months, the GMC may ask for additional evidence before approving the application - so it is very important that trainees do get their application in to the GMC at the earliest opportunity. It is easy to let time slip by, especially for those undertaking a year overseas for extra experience after the end of training.

Finally, core training remains a concern. Some applicants for Higher Specialty training have had a good experience in Core, but many have spent their time mainly on ward work without the necessary training in outpatients and operating theatres. Because of this, the SAC and ENT UK are looking at a run-through pilot, to see if that gives better opportunities in Core. When run through was previously in place, the ARCP process was probably less robust - so many of the perceived disadvantages of run through no longer apply. Any move to trial run through training will be on an evolutionary basis, with proper checks and balances and should not disadvantage any current trainees, including those who hope to gain NTN ENT posts in the future. Nirmal Kumar, recently appointed Vice-Chair of the SAC, will lead the run-through pilot process.
This is my first report for the newsletter since taking over from Derek Skinner as Director of Education. I would like to acknowledge Derek’s enthusiasm and skilful leadership which raised the profile of all aspects of education, training, and Continuing Professional Development (CPD) within ENT UK.

The directorate of education is responsible for ensuring that members are able to access relevant, high quality learning material to keep them up to date in their practice so that they continue to be delivering excellent care to patients. We do this in two ways; firstly we provide internally commissioned resources in the form of e-lefENT (e-learning for ENT) as well as the PESSC (Paediatric ENT Skills Course for Consultants) course, both of which are currently free to members and which will be profiled in future editions of this newsletter. Secondly we have a rapidly evolving system of CPD accreditation which quality assures courses to ensure that they are meeting their objectives. The content of courses which have been accredited by the ENT UK CPD Committee have been scrutinised so that attendees can be assured of the quality of such courses. ENT UK is able to provide administrative services for accredited courses which includes collation of feedback and provision of certificates. The process to apply for CPD approval is being streamlined to be an exclusively online based application system.

**Emergency Safe Skills**

With the increasing sub-specialisation of ENT surgeons it is important that we keep our clinical and technical skills up to date for the management of emergencies when on call. ENT UK has been providing the PESSC course since 2013 free to consultant members. Feedback has been positive and the course has been modified in response to feedback and provided in a different format at BACO in 2015. We plan to open this up to SAS doctors this year.

Building on this model we are planning to provide a more comprehensive portfolio of adult emergency safe courses over the next year or two. Topics that we will address include; management of sudden sensorineural hearing loss, facial palsy, epistaxis, complications of otitis media and of sinusitis, neck trauma and adult airway obstruction. As much of this as possible will be delivered electronically in the form of podcasts and interactive learning sessions based on clinical scenarios within a new ‘Revalidation’ section on the e-lefENT website. Members will then be able to access high quality sessions at their leisure, providing a flexible and low cost way of keeping up to date. We would hope that some of these sessions could be downloaded and worked on by a departmental team during a Clinical Governance session.

In tandem with this we recognise that some members prefer to attend hands on courses and we will be trialling an ‘Adult Emergency Surgical
Skills’ Course based on cadaveric dissection at one or more centres in the UK. It is hoped that the first course will run later in 2016.

Recruitment

It is essential to the long term health and development of our speciality that we recruit highly motivated, intelligent doctors in the right numbers. With the rather negative medico-political climate recently, this is becoming more challenging and we need to ensure that we are ahead of the game compared to other specialities. In common with most other surgical specialities, the numbers of doctors applying for specialist training at ST3 level has been falling over the last few years. Reasons are multifactorial but are likely to include poor exposure to ENT at medical school, foundation and core levels. Fortunately we have an active medical students and Foundation Doctors Group (SFO UK) which has a very enthusiastic Executive Committee chaired by Jay Doshi. He has written an article for this newsletter which I would refer you to. Their regional and national activities are numerous. I would urge you to consider how you can help with recruitment to our speciality. Provision of SSCs to medical students, active involvement in the Foundation Programme, speaking at careers sessions and not least being a positive role model in ones’ work are all important in attracting doctors to ENT. The SFO UK website (within the ENT UK site) provides a variety of useful resources for students and junior doctors.

ENT UK continues to have a formal role in National Selection and we are most grateful to those who gave up their time to attend the assessment centre at Leeds in May. There were over sixty NTNs available to approximately one hundred applicants, almost all of whom were appointable. The methodology underpinning the process continues to be reviewed and to evolve so that it is fair to candidates and, as far as one can tell, select the right candidates. Angus Cain will be leading National Selection for the next three years. We are all very grateful to Helen Cruickshank for her hard work and leadership in running the process over the last three years.

If anyone has any general or specific queries regarding any matters to do with education please do not hesitate to contact me.

Ms. Janice Provan  
Chair, SAS Committee

Staff and Associate Specialist Update

Following on from encouraging and constructive feedback from the SAS Update Meeting last October, the programme for the 2016 SAS Update Meeting is now complete. Full details are available in the events section of the ENT UK website. The meeting will again be held at the Royal College of Surgeons in London. Save the date - Friday 25th November 2016.

The comments that we received from the last meeting highlighted how heterogenous the SAS group is, with colleagues starting off in their ENT career to experienced practitioners. We have therefore made some changes to the structure of the programme so that, hopefully, there will be something for everyone.

We also wish to encourage participation in the meeting and to showcase the work done by SAS doctors. With this in mind, an innovation at this year’s meeting will be an Open Papers Section consisting of ten minute presentations by delegates. If you have an audit, a research project, a service development success story that deserves to be shared, then let us know. Details of abstract submission will be available with registration. A prize of £100 will be awarded to the best presentation. Hope to hear from you.
Mr. Robin Youngs  
Chair, ENT UK Global Health Committee  

Introducing ENT UK Global Health

Many UK ENT doctors have been active in engaging with colleagues in the developing world over many years. The work of Non-Governmental Organisations such as BRINOS (Britain Nepal Otology Service), Sound Seekers and Ear Aid Nepal is well known amongst the British ENT community. ENT UK now seek to expand and develop partnerships with the developing world with the formation of ENT UK Global Health. This new Committee has much work to undertake and its members will be moving forward on several fronts.

Advocacy will be at the forefront of its work in an attempt to highlight the importance and prevalence of ENT disease on the global stage. Many doctors working in resource-poor environments do not have access to good training opportunities. British training is highly regarded and we will be working with the ENT UK Education Committee to explore ways of exporting training expertise and materials. Working in tandem with other professionals is vital. Initial discussions with our colleagues in the British Society of Audiology indicates an enthusiasm to work together in order to achieve common goals.

The term ‘global health’ refers to the health of populations in a global sense, in that it transcends national borders. The underlying premise is an attempt to achieve equity in health care for all of the world’s people. Of course, the present state is far from this ideal, with huge inequalities existing, from the extremes of no health care access for some, versus wasteful over-investigation and over-treatment for others.

The global health stage has been dominated by communicable diseases, such as human immunodeficiency virus infection, malaria and tuberculosis, and the issues of maternal and child health. As a result, ENT and head and neck disorders have received little attention, despite being major public health concerns. According to the World Health Organisation, ‘The conditions that affect the largest number of individuals at any given moment are not dramatic, and are thus easily overlooked and underestimated’.

Deafness is the world’s most common disability and has profound effects. Worldwide, most severely deaf children fail to develop normal speech and language. Deaf adults have difficulty finding employment, and the elderly deaf are often socially isolated. Deafness due to chronic otitis media, ototoxic drugs and excessive noise exposure is increasing. In developed countries, age-related sensorineural deafness is increasingly prevalent, in line with increasing life expectancy.

Head and neck cancer is a major problem in poorer countries where tobacco and alcohol consumption is on the increase. The anthropologist and physician, Paul Farmer has alerted the international community to the “cancer tsunami” that the developing world faces. Disease often presents at a late stage, and there are economic barriers to diagnosis and treatment.

In the next couple of months you will be contacted by ENT UK Global Health to assess our members’ enthusiasm and interest in developing world ENT. We urge those of you who do wish to get involved to join us in this initiative. Our impression is that there is much potential enthusiasm and that with help, energy and coordination a large amount can be achieved.
Mr. Tony Jacob  
Chair, ENT UK Independent Practice Committee

News from the IPC

Over 80% of ENT UK members participate in some form of independent practice, outside their NHS commitment (ENT UK survey - 2008). More and more consultants, disillusioned with the NHS and its bureaucracy, are establishing themselves entirely in the independent sector. It is therefore, in my view, essential that we have within ENT UK, a committee that aims to advise and mediate where possible on issues affecting our members in the independent healthcare sector.

The IPC aims to meet three to four times a year and are in regular email contact as and when issues arise. As you can imagine we get a number of complaints about the influence which private medical insurance companies seek to exert over our practice. For reasons beyond the scope of this article, we are not always able to resolve the complaints, and one can be forgiven for thinking that there is no point raising them.

However I would like to encourage you all to write to me directly with your concerns and as a committee, going forward we will aim to do the following;

1. Collect and record complaints / concerns - a growing body of evidence is helpful when trying to argue one’s case.
2. Acknowledge receipt of the complaint or concern and offer initial advice where possible
3. The issue will be discussed amongst the committee and where necessary sub-specialist associations e.g. BAPO, BRS. Then, where appropriate, representation will then be made to insurers as necessary.
4. Finally where possible to achieve a resolution this will be communicated back to the member who raised the issue and then information will be disseminated to the wider membership as appropriate.

We also hope, by proactively engaging with insurers and hospital providers, to position the IPC such that it is the body that insurers and hospital providers can come to, rather than imposing changes unilaterally. Insurers have traditionally acted unilaterally and preferred to target individuals rather than groups or committees, so this may be a steep hill to climb.

PHIN: As you may know PHIN (Private Healthcare Information Network) has been appointed as the information organisation for the private healthcare sector. They have been tasked to publish quality data and to facilitate publication of consultants’ fees. The latter is subject to a legal appeal by FIPO and is on hold. PHIN however are moving forward with their quality agenda and we (ENT UK) are in discussions with them about an appropriate ENT PROM that can be used.

Tinnitus and BUPA: Some patients with tinnitus were being told by BUPA advisors that they could not seek attention from a specialist as this was a “chronic condition”. We successfully argued that tinnitus is merely a symptom and that it is worthy of a specialist opinion for investigation and management advice. Senior BUPA officials accept that this was a mistake on behalf of their call handlers and accepted that patients with tinnitus would not be denied access to a specialist.

Paediatric OSA and BUPA: There have been a few instances where authorisation for an adenotonsillectomy for paediatric OSA has been refused. As you know there is a strong evidence base for surgical intervention in such patients. Having discussed this with BUPA this seems to be because of confusion with adult OSA. We are due a face to face meeting with BUPA to try and clarify this but in the meantime would suggest that you use the term “upper airway obstruction - secondary to adenotonsillar hypertrophy”
Mr. Jay Doshi
Chair, SFO UK

SFO UK Update

SFO (Student and Foundation Doctors in Otolaryngology) UK is continuing to raise its profile amongst medical students/foundation doctors and the ENT fraternity.

I have taken over the reins as chairman of the SFO UK Committee from Simon Lloyd. I wish to thank Simon as well as his predecessor David Strachan who have led this dynamic committee since its original inception under the name of the MSJDC (Medical Student and Junior Doctors Committee).

I thought it might be useful to recap our aims:

- To raise the awareness of ENT as a career among medical students and to encourage junior trainees to consider ENT as a career
- To promote education in ENT amongst medical students and foundation doctors
- To develop and maintain a national undergraduate ENT curriculum
- To advise medical schools and other organisations regarding medical student and foundation doctor ENT training.

An undergraduate curriculum has already been developed (S Lloyd et al, Clin Otolaryngol. 2014;39(5):281-8). This was used by the Royal College Surgeons of England when developing their national undergraduate curriculum. It is available to view on the SFO UK website.

In March 2016, SFO UK had a joint meeting with the BSAO (British Society for Academic Otorhinolaryngologists) and a direct outcome of this was a consensus document that will be published and includes a strategy setting out the direction that the SFO UK should take in developing undergraduate teaching.

The SFO UK website is a rich learning resource for medical students/foundation doctors. The majority of the resources are free and include career advice, teaching podcasts and lists of further educational links and prizes available that can give them a head start in ENT.

Membership for students costs £20 per annum. It entitles them to online access to Clinical Otolaryngology, allows them to enter the annual undergraduate essay competition and also the new elective prize that is going to be launched later this year. Work is ongoing to provide access for student members to e-lefENT and OCB Media Resources, which is an online educational resource developed by Leicester University. The undergraduate and elective prize winners receive £500 as well as being invited to join the SFO UK committee. We currently have 40 student members and a slightly larger SFO UK social media following (60 Twitter and 85 Facebook).

Rishi Mandavia (SFO UK committee member) manning the SFO UK pop-up careers stall

Rishi Mandavia (SFO UK committee member) manning the SFO UK pop-up careers stall
An ENT iBook is in the final stages of development. This will be an undergraduate handbook which reflects the developed ENT undergraduate curriculum. We are collaborating with Shane Lester (consultant ENT surgeon, Middlesbrough) to make it available as an app for both Android and OS phones.

A SFO UK network has been developed, aiming to have a named medical student/foundation doctor within each respective medical/foundation school. A job description and formal appointment process has been put in place to ensure that the representatives are appropriate. A named ENT consultant lead for undergraduate education is already in place in most medical schools. The local network representatives will work closely with the undergraduate leads, to allow easier dissemination of SFO UK activities as well as allow feedback regarding undergraduate training issues directly back to the committee.

The 2016 Foundation Conference went well, with 40 delegates and 19 poster presentations.

The Royal College of Surgeons of England has been the usual venue for this conference. Due to refurbishment plans, however, a new venue will have to be found from next year which gives us the potential opportunity to move outside London to see if this encourages more delegates to attend. Any suggestions will be welcomed!

SFO UK continues to have a presence at RSM careers fairs and support medical school events around the country. We are planning to develop this further, for example by participating in careers fairs run by the English and Scottish Royal Colleges. The new pop-up careers stand is now available and new SFO marketing material has been well received. A careers presentation has been put together and this can be used at careers fairs by any one who wishes to use it. Please contact the ENT UK office for more details if you wish to use them.

As demonstrated in the recent round of national selection, the number of applicants to ENT higher surgical training continues to fall. It is important that we encourage as many medical students as possible to maximise their ENT experience and get a taste of what an ENT career has to offer. I would strongly encourage colleagues to offer Special Study Modules (or equivalent) to their undergraduate departments, get involved in local careers fairs and help recruit and support local SFO representatives.

The committee continues to be a vibrant, enthusiastic mix of students, junior doctors and consultants. I wish to thank all the current and past members of the committee for their time and hard work to date and I look forward to working with everyone over the next 3 years.

Jacqueline Chan at the SFO UK Conference being presented with the Grant Bates prize for best poster by Mr Robson