Mr. Brian Bingham  
President, ENT UK

From the President’s Desk

My father in law came from Exeter and liked the phrase “proper job.” It is Cornish slang for something well done! At this time of political turmoil and with all your local pressures you need to undertake, if at all possible, the proper job for every individual patient.

We were all horrified by the surgical practice of breast surgeon Ian Paterson. I have contributed to an open letter from the Surgical Forum composed of Surgical College and Specialty Presidents. This letter expresses sympathy for patients and asks for further investigation by some form of enquiry into the circumstances of his clinical practice. I think that we are likely to see a formal enquiry and many newspaper column inches on this subject. Our surgical specialty is likely to be caught in the fall out of the Paterson effect.

There are likely to be three strands of investigation / governance:
1. Governance and validation of operations undertaken in the private sector or independent treatment centre;
2. Adherence and contribution to MDT guidance;
3. Examination of the role and behaviour of those who reported and/or knew about Paterson.

I would like you all to give thought to each of these three strands. This will help ENT UK in due course, on your behalf, to design strategies to answer the questions that will be raised, and to provide reassurance to the public.

The CQC (Care Quality Commission) questionnaire is out for consultation with ENT UK membership. I am trying to achieve a number of objectives with this questionnaire:

1. It is to help with the formal request to contribute to CQC.
2. We need information on UK workload and staff numbers to facilitate manpower planning and organisation.
3. To introduce and reinforce safety standing orders to every unit in the UK.
4. Essential and safe equipment standards available to help local clinicians.
Once you have reviewed this document there may be some revision. The questionnaire will be piloted in a few departments and then rolled out for all UK departments to contribute. The ENT UK Out-patient numbers paper is under final review and I expect it to be distributed in the near future.

Surgery of childhood has become a major issue for most of the surgical specialties. The centralisation of children’s services and extended transfer times has resulted in a number of dead testicles from torsion and also a significant increase in morbidity and even mortality from childhood appendicitis. Improving and developing networks between the regional paediatric centre and other hospitals is the first response to these bad outcomes. In ENT we undertake the highest number of operations of childhood. Our practice will often be a critical factor in the viability of a paediatric surgical unit. At a local level you should work at integrating / supporting any potential networks that may be funded by other surgical specialties! We should, also, work to develop and refine our own paediatric ENT networks.

The ENT UK Spring meeting in York was a great success. I look forward to more ENT UK meetings around the UK. Our next meeting is in London on the 8th of September when I hope we shall all continue with the “proper job”.

Mr. Jeremy Davis  
Chair, SAC in Otolaryngology

Specialist Advisory Committee Update

There have been a number of developments for the SAC in Otolaryngology over the past six months. I would like to welcome Adam Wilde, Alun Williams and Joe Toner who join the SAC. Craig Murray has been appointed to the lead role for core training and he now sits on the Core Training SAC, as well as the Otolaryngology SAC.

Thank you to Angus Cain for leading the successful national ST3 selection process, and to HEE Yorkshire and Humber for organising the recruitment arrangements so well. We appointed 66 trainees in England and Scotland. Whilst most of these are new appointments, a minority were current trainees seeking to move training programmes, usually for personal reasons because they wished to live and work in a particular part of the UK.

Interdeanery transfers are only available in defined circumstances as detailed in this document. Some trainees therefore find themselves accepting jobs in national selection which are long way from their family and friends, and therefore do apply again through another national selection round in the hope that they will be offered a job closer to where they would prefer to live and work.

Shahed Quraishi is coordinating the two ST3 Bootcamps, working with local organisers Charlie Hall and Sean Carrie. The northern bootcamp, hosted by Sean in Newcastle, will take place on 17th and 18th October 2017, and the southern one organised by Charlie in Bristol will take place on 16th and 17th November 2017. Please encourage the new trainees to attend one of these meetings which provide an excellent induction to our specialty. Trainees should book their places through the ENT UK website.

We hope to be up able to pilot a run-through option for trainees in the future. Trainees will apply at the beginning of core training to join an ENT training programme, and subject to successful annual ARCP outcomes and to passing the necessary examinations they will not need to undergo any further job interviews until they
finish their training. The pilot, which has gained GMC approval, will be held in England, and Professor Nirmal Kumar is leading on the complex process of organising the recruitment process to pilot this route of entry into our specialty.

The GMC has set out new guidance on the curriculum. There is more emphasis on professional capabilities rather than specific knowledge for individual conditions - although the level of knowledge will remain an important part of the curriculum and syllabus. In surgery, across all specialties, there will be a number of Generic Professional Capabilities which cover the professional values, behaviours, knowledge, insight, skills, capabilities and experience which we all use in our day-to-day professional practice. Examples include the ability to organise an outpatient clinic, or to organise and run an elective operating list. This major piece of work is being led by Paul Spraggs, and Paul and I are working closely together to complete the necessary changes by the end of August 2017, to allow us to meet the deadline set by the GMC.

Whilst these important pieces of work are undertaken, the day-to-day running of the SAC continues. Liaison members continue to provide advice to training programmes around certification, continued approval of training posts, and to act as the eyes and ears of the committee to understand the various pressures which can have both positive and negative effects on training. It remains to be seen how much the new English junior doctors contract, which for most trainees will affect their training from August to October this year onwards, will alter training opportunities. Please do be innovative in your thinking to protect training as far as possible if trainee timetables have to be adjusted to take account of the new contract.

Sean Carrie has overseen an update to the Certification Guidelines. Trainees approaching the end of their training should ensure they have uploaded evidence covering these to their ISCP account. There are no major changes but we do now ask that all trainees have undertaken Good Clinical Practice research training before certification.

There are concerns, particularly in some of the English training programmes, about changes in commissioning of ENT surgery. Some of the procedures that we would expect our trainees to receive good training in, such as pinnaplasty and septrhinoplasty, are being decommissioned in some areas. As a profession we do need to ensure that cuts to funding do not allow procedures which can be of immense benefit to individuals becoming regarded as unnecessary or of little value. Talk to the parent of a child who is being bullied at school because of protruding ears to understand the importance for long term health and mental well being for some of these recently decommissioned procedures. I have raised this with the chair of the JCST who will be taking forward this and similar problems that other specialties are encountering to Health Education England. There is a discussion going on about whether we should only train for those procedures that are provided by the NHS, or whether we should, as is the case in most developed countries, provide training in all surgical procedures that our trainees are likely to undertake during their professional career, whether they be in the NHS or the fee paying sector.

As ever, I am very grateful to all the hard-working members of the committee, and to all the consultant trainers across the United Kingdom who deliver training to ensure the next generation of ENT surgeons have the ability and confidence when they finish their training to undertake consultant practice.

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.
Introducing BOARS:
The British Otorhinolaryngology and Allied Sciences Research Society

**Prof. Anne Schilder**
NIHR Research Professor and Professor of Paediatric Otorhinolaryngology, evidENT, Ear Institute, University College London. Honorary Consultant ENT Surgeon, UCLH Royal National Throat, Nose and Ear Hospital

**Prof. Carl Philpott**
Norwich Medical School, University of East Anglia. Honorary Consultant ENT Surgeon and Rhinologist, James Paget University Hospital

At their 2017 Spring meeting in Liverpool, members of the Otorhinolaryngological Research Society (ORS; founded in 1979) and the British Society for Academic Otorhinolaryngology (BSAO; founded in 1991) voted unanimously for the two societies to merge. Thus the British Otorhinolaryngology and Allied Sciences Research Society (BOARS) was formed.

Over the past months, the joint ORS and BSAO council members have been working on a new constitution that includes bringing the BOARS within ENT UK. This move has been agreed by the ENT UK Board of Trustees. As the BOARS will be part of ENT UK, no separate subscription will be payable, but future meetings will require participants to pay a modest registration fee to cover expenses. We would therefore advise you to cancel any existing direct debits you have to the ORS; any direct debits that are not cancelled will be viewed as an ongoing donation to the BOARS.

Moving forwards, the BOARS aims to provide a forum for the best research in ENT, Hearing, Balance and related fields, bringing together discovery scientists and clinical researchers of all disciplines, levels and grades. Continuing the remit of the BSAO, the new society will also champion education and training in research for ENT trainees of all levels and in all settings as well as continuing to provide a forum for academic trainees to get support and mentoring.

The new society will maintain two meetings per year; the Spring meeting will be a one-day meeting that will precede the Spring ENT UK meeting, and the Autumn meeting will sit within the existing Autumn ENT UK meeting. The BOARS council will aim to meet at both meetings, with the AGM planned at the Spring meeting.

Prof Anne Schilder will move from ORS President to BOARS President; Prof Carl Philpott will move from BSAO President to BOARS Vice-President; Mr Mat Daniel will move from BSAO Secretary to BOARS Secretary; Mr James O’Hara will move from ORS Secretary to BOARS Treasurer and will represent the BOARS at the SAC. Prof Shakeel Saeed and Dr Justin Weir as immediate past presidents of the BSAO and ORS will remain on council.

Other remaining council positions will be up for nomination and include a representative from ENT trainees; INTEGRATE; NIHR ACFs; students; audiovestibular physicians; discovery scientists. We are also be appointing a council member to manage the BOARS website and momentum as well 3 ordinary council members.

We will seek nominations for these positions after the 2017 BOARS meeting. We will also ask all of the ENT UK sub-specialist societies to nominate a representative for the BOARS council.

We are excited about the direction of our new Society and very much look forward to welcoming you to BOARS meetings in the future.
Mr. Tony Jacob  
*Chair, Independent Practice Committee*

**Independent Practice Committee Update**

Things have been relatively quiet on the independent practice front. That is not to say that insurers are not continuing to try and chip away at the remuneration offered to doctors - they are, but seem to be doing it quietly without much fanfare.

**Meeting with BUPA:**

Last year Martin Bailey and I met with Steve Iley, the medical director of BUPA. The meeting was prompted by the refusal by BUPA in some cases to reimburse for an adenotonsillectomy when done for OSA in children. Steve, on behalf of BUPA accepted the evidence base and arguments for remuneration, and BUPA have agreed to not withhold remuneration for this indication going forward. A formal letter from BUPA has been received to this effect. However, to avoid confusion with adult snoring and OSA which are currently not covered by BUPA, rather than use terms like “snoring” and “obstructive sleep apnoea” we would advise that one refers to “upper airway obstruction – secondary to adenotonsillar hypertrophy.”

From discussions with BUPA and other insurers it would seem that a common sense approach would mean that most symptoms will be “covered” till the point of diagnosis. A good example of this is tinnitus - a consultation and appropriate investigations to rule out an obvious cause for tinnitus will be covered. Overall we were pleased with our meeting with Steve and he seemed to want to engage with the specialty, but I’m not holding my breath!

**PHIN:** As you may know PHIN (Private Healthcare Information Network) has been appointed (by the CMA) as the information organization for the private healthcare sector. They have been tasked to publish quality data (PROMS, M&M data, length of stay etc) and to facilitate publication of consultants fees. PHIN has a huge task and is struggling to get its data off the ground and has decided to start by focusing on private hospitals - publishing their performance measures (length of stay / patient satisfaction etc) and aim to get consultant level measures into the public domain by 2018. FIPO (the Federation of Independent Practice Organisations) continues to work with PHIN to ensure there is a strong clinical voice and that any consultant level information produced is fair, statistically reliable and will actually help patients.

**BACO 2018:**

We will be looking to hold an instructional session at BACO 2018 on “How to set up in Independent Practice”. We will also try to put together a symposium on current challenges in Independent Practice.

As always please free to contact me directly if there are any issues relating to independent practice that you would like to either informally discuss, or the committee to formally advise on.

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For more information about BACO International 2018 visit the website
Members’ Announcements

Shahed Quraishi has been appointed an Officer of the Order of the British Empire (OBE) in the Queen’s Birthday Honours List 2017

Claire Hopkins has been awarded a Chair in Rhinology at Kings College, London

Carl Philpott has been awarded a Chair in Rhinology and Olfactology at the University of East Anglia

Jean-Pierre Jeannon has been promoted to Reader/Associate Professor at Kings College London

A new section to our newsletter

We have great pride in the achievements of fellow ENT UK members, and are keen to share news of these within our quarterly ENT UK newsletter, via the Members’ Announcements section.

ENT UK wish warm congratulations to Shahed Quraishi, Claire Hopkins, Carl Philpott and Jean-Pierre Jeannon on their recent achievements.

If you have an achievement, promotion or announcement which you’d like us to share, please get in touch. Contribution is voluntary, so if you’d like to share an announcement on behalf of a colleague, please copy that colleague into your correspondence.

Click here to contact us

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Ent UK Newsletter

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