Greetings from the President's desk; I write this as Christmas and the New Year are looming. Luckily I am several thousand miles away in the middle of the Indian Ocean watching a mixture of blazing sunshine and torrential downpours. People always say it's a small world and I actually met an ENT UK past president in the passport queue in Malé - what are the chances of that?

It is traditional at this time of year to reflect on the previous twelve months and also to look forward to the following period. Even though human activity does not quite follow twelve month cycles, it seems a reasonable exercise. A bit like a corporate appraisal I guess.

I have mentioned before some of the major changes we have made in the organisation which include recruiting two new Assistant Honorary Treasurers and changing the composition of the Trustee Board to include non-Medical members. In addition, we will be looking for an additional Assistant Honorary Secretary early in 2017 to work alongside Anirvan Banerjee and Carl Philpott; there is quite a workload but I believe it's very rewarding to give something back to your Organisation.

ENT UK Council had a lively debate in September following the annual meeting regarding the suggested Community ENT Specialist. This was for a strictly non-surgical role but there were many concerns expressed. As a result, the Executive Committee have decided not to pursue this at present. But I suspect it will reappear in a different guise in the future.

In the first quarter of 2017 we will also be advertising for the post of President-elect to commence in April and to have a handover from Brian Bingham in 2019. It would be a great asset to any proposed candidate to have had some experience of ENT UK Council. At the
administrative level, we have greatly improved our financial reporting thanks to our Financial Audit Committee which has two independent members (and is chaired by one of them). We have also purchased a new membership database which should facilitate a much smoother business operation. We have employed a new Events Management assistant to cope with the increasing number of conferences, including those held by some of our sister societies.

Looking ahead, the Spring meeting in York on March 31st 2017 looks like a fabulous programme with a major session on consent following the (in)famous Montgomery case which was resolved in the Supreme Court in 2015. The speakers include an eminent Queen’s Counsel. It’s a must for all practising surgeons. Overall, I think the governance of ENT UK has been significantly altered and improved over the past 3-4 years and hopefully this will make us a stronger organisation in the years ahead.

**Launching MACRO**

**New Research for Patients with Chronic Rhinosinusitis**

On Thursday 3rd November, MACRO, a seven year programme of research into chronic rhinosinusitis (CRS) funded by the National Institution of Health Research was launched at the Congress Centre in London. The MACRO programme aims to define best management of adults with chronic rhinosinusitis. It will be jointly led by Chief Investigators, Claire Hopkins and Carl Philpott in conjunction with a multi-disciplinary team of researchers from UCL, University of Southampton and the Oxford Surgical Intervention Trials Unit. The programme will be coordinated by evidENT, Prof Anne Schilder’s NIHR supported research team at UCL, where Helen Blackshaw will manage the programme and the £3.2 million award.

MACRO consists of three linked research workstreams: the first will lay the foundations for the clinical trial that is at the heart of the programme. Health informatics and health economics research has already begun at UCL to map current management of adults with CRS in primary and secondary care and current costs borne by the NHS. Starting in January, the qualitative researchers from Southampton will interview patients, GPs and ENT specialists around the management of CRS and explore their views on two potential trial designs. At a consensus meeting the best trial design will then be chosen based upon the combined results of the first workstream. The randomised trial in the second workstream will recruit 600 patients over sixteen sites in the UK and produce critical evidence about the effectiveness and role of long-term antibiotics and sinus surgery in adults with CRS both with and without polyps. This will culminate in the third workstream where all research findings will be brought together to form consensus on best management of adults with CRS and propose an optimum pathway of care. As such the MACRO programme of research will inform new and better CRS guidelines and provide robust tools for commissioning CRS services in primary and secondary care.
Mr. Jeremy Davis  
Chair, SAC in Otolaryngology

Specialist Advisory Committee Update

The SAC has had a busy 2016. Liaison Members are now responsible for ensuring that trainees have met the required standards for CCT prior to their final ARCP; this has highlighted areas where SAC documentation could be improved so that it is absolutely clear what is expected of trainees at the end of their training; I am grateful for Sean Carrie’s work on this.

The curriculum remains a major focus of the work of the committee. Paul Spraggs is working on two aspects of the curriculum. There is a need to adjust the curriculum as medical knowledge advances. We anticipate moving away from tracheostomy to cricothyroidotomy as preferred means of accessing the airway which has been completely lost. Emergency tracheostomy will still be appropriate where there is a poor airway which allows time to perform the tracheostomy. Changing the curriculum is more complex than it used to be, because the GMC has a number of requirements regarding any change including an Equality and Diversity impact assessment before any changes are made.

We also are developing a number of optional curricula. It is has for some time been a CCT requirement that trainees develop a sub specialist interest. However we have not given detailed guidance as to what that involves. The optional curricula are to guide SAC liaison members, trainees, and others about the level of occasional attainment that a trainee could reasonably expected to have achieved before they declare themselves a sub specialist in a clinical area of ENT. For example, in otology, we would anticipate a higher level of knowledge than that of a trainee with a head and neck interest, and more operative experience in middle ear and mastoid surgery. We have to be careful to ensure that we do not set the goals too high so that individuals are excluded when they have achieved a good level of subspecialty knowledge. We hope that this will not only help with assessing individuals for CCT, but also aid colleagues who are looking to recruit a sub-specialist colleague by setting a benchmark for attainment that an individual declaring themselves as a sub specialist could reasonably be expected to have.

National selection for England and Scotland will take place 3rd-4th April 2017. If you are interested in participating as an assessor, and have not yet heard directly from the organising LETB, then please send an email with your details. Angus Cain is leading the national selection process for the SAC.

Nirmal Kumar is putting together plans for a ‘run through’ recruitment pilot. That would mean the trainees are appointed into core training with the expectation that if they achieve the necessary ARCP 1 sign offs, they will continue into ST3 without a further application process. We have seen the number of applicants for ST3 entry dropping and feel that a pilot scheme may help address this, keeping the specialty an attractive proposition to foundation trainees deciding on their future careers, and will hopefully also give us more influence over the core jobs that those trainees undertake. I believe it is very positive that there is now a core training SAC under the chairmanship of Stella Vig, a consultant vascular surgeon from south London. It is hoped that the core training SAC will be able to influence Schools of Surgery to make sure the Core training posts are fit for purpose. There are many other tasks undertaken by SAC members - please continue to support them in their work which is vital to support training and of course our future Consultant colleagues.
Mr. Mike Saunders  
Mr. Neil Bateman  

Course Leads and Core Faculty, PESC

**Paediatric ENT Skills Course (PESC)**

Paediatric airway emergencies are rare, but the majority of ENT consultants in the UK who take part in an on-call rota may occasionally find themselves called on to deal with them. The scarcity of clinical experience leads to many ENT consultants becoming relatively deskillled. In tandem with reluctance on the part of anaesthetists in smaller units to anaesthetise small children, this has led to a gradual drift of referrals to larger children’s units. There are however, a small number of cases that are simply too urgent or sick to be transferred and need to be treated immediately.

The aviation industry deals with this sort of problem by the extensive use of simulation and this approach is becoming more commonplace in medicine. The sophistication of simulation centres and medical mannequins now allows us to teach at least some of the skills required in paediatric airway emergency outside the hospital.

Since 2013 when the first course was developed by Iain Bruce, Mike Rothera and Ralph Mackinnon from Manchester Children’s hospital, the Paediatric ENT Skills Course (PESC) has become a regular fixture on the ENT UK timetable and generally takes place on four occasions per year in different locations around the country. In 2016 we have run one day courses in the Royal London, Bristol, Sheffield and Cambridge. The faculty is made up from paediatric ENT surgeons and paediatric anaesthetists and the day is divided into formal lectures, small group tutorials and simulations. Although the course content is constantly evolving, the current simulation scenarios include bronchoscopy for inhaled foreign bodies, emergency management of blocked tracheostomy tubes, the management of major haemorrhage and medical and surgical management of acute airway obstruction. As well as the core curriculum covered on each course there is ample room for discussion of other aspects of paediatric ENT emergency work with members of the faculty. In style, the course is similar to the APLS and PALS courses but the content is entirely aimed at the ENT surgeon. Feedback from consultants who have completed the course to date is very good. Although the course is still in its infancy we imagine that this is a course one would aim to repeat every five years or so for continuing medical education.

The current cost of the course for consultants who are members of ENT UK is £100. The course is also open to SAS members at a rate of £200. For details of courses available in 2017 and bookings please contact Janet Stephen.

“The Paediatric ENT Skills Course aims to provide the inter-professional team working framework for the refreshment of the knowledge, skills, behaviours and attitudes to manage paediatric airway emergencies and improve paediatric patient care.”
The purpose of this article is to encourage you to start using e-learning for ENT (e-lefENT), the bespoke e-learning platform written by you and your colleagues and currently financed by your membership fees. E-learning has become an integral part of any educational package, allowing users to study at a time convenient to them with the advantage of interactive content that facilitates understanding, allows feedback and keeps users engaged by blending text with videos, animations and other interactive features. It is the interactive aspect of e-learning that sets it above an e-textbook and is central to its educational value.

As many of you are aware, e-lefENT started as part of the Department of Health e-learning for Health project in 2009. This was lead by Victoria Ward along with a large group of section editors with a huge amount of valuable content written by many of you reading this newsletter. ENT UK rescued your e-learning platform in 2012 when funding was withdrawn by the Department of Health and it has continued to grow since then in terms of interactive content and users, with over 1200 registered users, of whom 40% are non-ENT UK members who pay a subscription fee for access. The site is easy to navigate and contains interactive modules (learning zone), radiology and clinical images, videos, cases and comprehensive subject summaries (ENTpaedia).

The most popular pages are the learning zone modules. These interactive modules cover the breadth of subjects in our specialty and are clinically oriented, with interactive questions, feedback and space for reflection. It is the learning zone that has been awarded one CPD point by ENT UK for every module completed by users, although you will only be able to download this when the site upgrades to a new platform in Spring 2017. This is where we need your help to login today and try out e-lefENT for yourself, as we need to demonstrate that you are using the site in order to justify the expense of upgrading the platform in order to keep the interactive aspect of e-lefENT, which is essential to providing the educational experience that you all expect from an online learning platform.

e-lefENT underpins the education strategy of ENT UK, as it provides a platform that will soon host e-learning content for ENT UK’s PESC and ESS (Paediatric ENT Skills Course and Emergency Skills Course), and is likely to form a vital part of revalidation in the future, keeping consultants up to date, awarding CPD for modules completed, and allowing trainee, foundation doctor and medical student members of ENTUK to learn about our specialty through accessing material relevant to their respective curricula; e-lefENT in the process of being linked to the ISCP site and already has links out from ENTUK’s SFO site.

Although e-lefENT has been quietly building content for many years, it is only recently that we have had the ability to determine who is using the site. In addition, you recently received an ENT UK survey on e-learning. Only 20% of ENT UK membership use e-lefENT and around one third of consultants were not aware that it exists. We wanted to make you aware of the advantages of e-lefENT and to encourage you all to register and try it out so that you can see for yourself how this can be useful both for you and for teaching your trainees both informally in clinic and theatre and in formal sessions such as regional training days.

We welcome feedback to improve your e-learning platform and make it more effective for your needs and encourage you all to register with e-lefENT and try it out. Please log on and create an account. We would also like to thank those of you who have contributed to e-lefENT in the past and encourage you all to use this site and consider contributing in the future in order to ensure that this valuable resource is maintained.
After a protracted illness, borne with great courage and characteristic good humour, Omar Shaheen died peacefully at home in the presence of his family.

Omar was recognised both nationally and internationally as one of the finest head and neck surgeons of his era. His contribution to head and neck oncology, particularly in relation to thyroid, oral and laryngopharyngeal cancers was immense. He influenced a generation of young surgeons to follow in his footsteps and emulate his elegant surgical techniques.

Born in Cairo, the son of Egypt’s first ENT surgeon, he came to London to study Medicine at Guy’s Hospital in 1950, a hospital he loved and served in so many ways over decades, not just as a consultant surgeon but also as chairman of its patient-focused charity, the Friends of Guy’s Hospital. His core training was undertaken at Guy’s where he was awarded the Michael Harris Prize for Anatomy. In 1960 he was appointed Assistant Professor at the University of Iowa where he developed his Head and Neck oncological interests and skills. On return to the UK in 1963, Omar was appointed Senior Lecturer and Deputy Director to the Professorial Unit at the Institute of Laryngology and Otology at the Royal National Throat, Nose and Ear Hospital and later Consultant Surgeon at Guy’s.

During his career, Omar was awarded several honours that most notably included an Arris and Gale Lectureship in 1968, the W J Harrison Prize, the Walter Jobson-Horne Prize and, at the end of his career, the Semon Lectureship in 1996. Omar broadened the spectrum of surgery undertaken by ENT surgeons of his era. Those he trained all recognised that he went where no ENT surgeon had gone before. We all have a lot to thank him for.

Michael Gleeson
Richard A. Williams
1925-2016

Dick spent his early childhood in India, went to boarding school in England aged eight, then to Marlborough College and Cambridge University. Wanting to join the army, he deliberately failed his first year exams. Dick wrote a letter to General Montgomery, a friend of the family, and was given a special posting with the British Liberation Army in Europe. He was promoted to Forward Observation Officer and was one of the first to cross the Rhine. In December 1944 his unit reached the Reichwald Forest having fought in the Battle of the Bulge. Dick was wounded in combat, and whilst convalescing, met his old tutor who offered him a place at Clare College, Cambridge to start medicine again.

Dick went on to have a distinguished career as an ENT surgeon at the Middlesex Hospital and King Edward VII Hospital for Officers, and Honorary Consultant to the Army. He was a member of the Court of Examiners of the Royal College of Surgeons of England, a member of the Cases Committee and on the Council of the Medical Protection Society, and Director of the Ferens Institute. At the Middlesex Hospital he co-operated with Margaret Snelling to set up a combined Cancer Clinic; this is now the standard of care. Working with John Nabarro, he was to become a pioneer in developing the operation of trans-sphenoidal hypophysectomy, gaining an international reputation for his surgical skill and teaching. With colleagues, he published extensive case series of acromegaly, Cushing’s Disease, prolactinomas and nonfunctioning tumours. Dick was well known for his kindness to his junior colleagues, and also for his sharp sense of humour.

He was an engineer and inventor with a keen intellect. Throughout his life he continued to challenge and enquire. At the age of 59 he learnt to fly in the USA, followed by many interesting light aircraft adventures in Europe, behind the Iron Curtain, Greece and Cyprus. He twice drove the 3,000 miles across Australia from Sydney to Perth and continued to travel all over the world. He was divorced in 1984. He leaves two daughters and five grandchildren. His youthful appearance belied his true age. He died suddenly from a cardiac event on 13th August.

David Wright

Richard James Sellick
1929-2016

Richard Sellick graduated from the University of Cambridge in 1953 and trained at St. Thomas’ Hospital in London. He was appointed Consultant ENT Surgeon to the Norfolk and Norwich Hospital in 1964 where he worked until his retirement in 1989. He realised that Audiology services, for children and adults, were in need of improvement and spent the greater part of his career developing these services. The arrival of Audiological Scientists, Hearing Therapy Services in the 1970s and the creation of the Regional Audiology Centre together with an annual Audiology Symposium were all due to his firm and dogged persistence. His legacy to develop and improve the ENT department and Audiology services in Norwich persist to the present day.

He had been a member of ENT UK for 52 years and also served as SAC chair. His funeral was held on 29th September in Hunstanton, Norfolk.

Michael Wickstead
Bob Yorston lived a nomadic childhood along the Kenya to Uganda railway, where his father worked as a civil engineer. He moved back to Harris in 1928 where he received his early education. After leaving school he embarked on a medical career at St. Andrews University but his studies were interrupted by the outbreak of the Second World War. In 1940, he joined the RAF and served the remainder of the war as a pilot in coastal command covering the shores around Great Britain and Iceland.

After working as a house surgeon in Bath where he met his future wife, Sheila, he returned to Scotland in 1954, and ultimately, a post as Associate Specialist in ENT at Dundee Royal Infirmary.

His unique contribution to the department was his supreme skill as an artist. His beautiful drawings, diagrams and artistic writing added a significant dimension to many a lecture or publication from the department. Bob's artistic talents came to be recognised further afield and he was commissioned to carry out the illustrations in the 8th 9th and 10th Editions of Logan Turner's Diseases of the Nose Throat and Ear. He was jointly awarded the Lawrence Abel Cup at the British Medical Association summer meeting in 1969.

Bob was a real character and a wonderful colleague, and was popular with every grade of staff from junior nurse to senior consultant. He was invariably polite and tactful and had no enemies. Bob's death occurred suddenly when, true to form, he was assisting his disabled wife.

Alan Gibb

Romola Dunsmore qualified from the Royal Free School of Medicine for Women in 1946, where she was evacuated to Exeter during the war. Following posts in London and Scotland, she was appointed Consultant ENT Surgeon at Doncaster Royal Infirmary 1963-83, where she introduced laryngeal laser surgery, and visiting rights for the parents of children who were inpatients.

She had a great interest in women’s careers, and was elected President of the Medical Womens’ Federation in 1979, and Chair of the Medical Womens’ Federation Careers Committee in 1980. She was also elected President of the North of England Otolaryngological Society in 1982.

She enjoyed a long and rich retirement in the Lake District, and leaves behind a large, loving family.

Romola Dunsmore 1923-2016