From the President’s Desk

It has been a hectic start as President of your Society. I realize how much goes on under the radar that members generally don’t see. For example, weekly teleconferences at 9pm on a Thursday for the Officers!

I have been to the Federation of Specialty Surgical Associations in Glasgow, and Brian Bingham attended their Dublin meeting for me. One very important topic that came up was ‘The surgeon in difficulty’. I listened to a summary of data from the RCS Invited Review Team, which provoked me to invite Ralph Tomlinson to address our May Council meeting. As expected, he created a stir and as a result we have decided to set up an informal support group to act as a friendly voice on the phone / in person. Brian Bingham (President-elect) has agreed to lead on setting this up and doubtless would like to hear from members who may be willing to join.

Also in May (on election day) I was invited to speak at the Scottish Otolaryngological Society where I outlined some of the work of ENT UK and explained who we employ and their roles. By chance they followed with a discussion of a case of litigation and concluded that more support was needed for surgeons experiencing problems. Luckily Brian was present and told them about our new scheme. An example of our Society in action.

As I write, we are coming up to BACO 2015 in Liverpool. A massive amount of work has gone into this and we are expecting about 1000 delegates. The skills sessions, including ‘live’ cadaver dissections, sound extremely exciting. But already Valerie Lund and I have been visiting sites for BACO 2018. We have been delighted to receive 3 fantastic bids and the result will be announced in Liverpool.

On a separate note, elsewhere in the newsletter you will read about members’ disquiet about new insurance company rules regarding fees for private patients. It seems that the old model of single-handed surgeons working in a vacuum and being picked on by large companies is no longer sustainable. I expect some form of groups/ chambers/ LLPs will emerge. As usual I would like to see our Society in the forefront of new developments and the outcome of the June 19th independent practice meeting should make essential reading for all those who are engaged in this form of work.

Have a good summer, and see you in Liverpool.
Mr. Andrew Robson  
*SAC Chair, Otolaryngology*

**National Selection & Recruitment**

The 2015 round for England and Scotland took place in late March. At the time of writing, offers and placements are being finalised. In my last article for this newsletter I reported that we had asked for an increase in NTNs in England to approximately 40. As it turned out Health Education England (HEE) did not take the combined ENTUK/SAC advice of a cap to recruitment, so registrars are being recruited to as many posts as are available.

Whilst workforce planning is a very inexact science, the available evidence suggests a continuing shortfall in trained ENT surgeons. Year on year recruitment of 50+ StRs is probably not sustainable in terms of consultant vacancies and we will continue to make representations to HEE regarding a sensible cap to recruitment in future years. Consequently 53 NTNs are being recruited to England and Scotland this year, with 13 LATs. For the second year in succession there has been a drop in applications (also noticed by some other surgical specialities) with 119 applications. Thus the chance of being offered a training post through NS in 2015 is approximately 1 in 2.

The recruitment centre saw the implementation of the changes recommended by the NS review, with a more structured induction, question calibration, better descriptors for questions, and a robust QA and appeals process. I would like to thank all those who gave their time to take part in this crucial process for trainees and the future health of the speciality. We continue to analyse performance of questions to improve the quality of the process.

For 2016 the SAC has agreed a change to the weighting scores for experience in ENT, which has been circulated to all ENTUK members. We hope that this will encourage those doctors who have not attained an NTN in NS to remain in ENT posts to enable them to gain more relevant experience. Helen Cruickshank will run the process for 2016, to be succeeded by Angus Cain. He will convene a committee to aid him and the SAC in the smooth running and development of the NS process.

**Shape of Training Review** is proceeding slowly and steadily. The focus is on medical specialities, with an explicit statement to leave programmes that are fit for purpose (including ENT) intact. In the next year we will need to review the curriculum with a view to shortening training to six years, improve simulation training, and identify areas for credentialing post CCT. There are opportunities as well as challenges not least in attempting to improve the experience in core training. The latter will be a focus of SAC work over the next year, as anecdotal evidence suggests a reduction in themed core training posts. Credentialing poses different challenges, with a lot of work ongoing around credentialing in cosmetic surgery.

**Liaison Members** are the core of the SAC. They are experienced clinicians and medical educators who have usually served as TPDs. They serve on the SAC for 5 years and are attached to a training programme within the UK. Their role is to support TPDs, to be a ‘critical friend’ and provide external advice to the efficient running of a programme. They ensure that the standards set out in our curriculum are being met in each programme, thus helping to maintain consistently high standards of training in the UK and Republic of Ireland. They also have a corporate role within the SAC, taking on responsibilities for eg national selection, the curriculum, CESR and interface groups. This summer Jeremy Davis, Helen Cruickshank and Mered Harries will be demitting office. All three of them have worked tirelessly on behalf of the SAC (and thus the speciality of ENT) to improve training and I am very grateful for their input to the SAC. As their replacements we welcome Andy Bath, from Norwich, who will be LM for the NW deanery, Paul Spraggs (Basingstoke), for Wales and Craig Murray (West of Scotland), for the Northern Deanery. There will be further vacancies for SAC membership in the next year.
Mr. Derek Skinner  
Director of Education, ENTUK  


1) Under-graduate Curriculum:  
The curriculum was accepted/adopted by the ENT UK Council and executive committee in September 2014. The GMC have considered the ENT Undergraduate Curriculum as a model curriculum to be placed on their website in the appendix to their document Tomorrow Doctors 2009. The curriculum has now been sent out to the undergraduate deaneries as an advisory/positional document. RCS England are developing a surgical curriculum and the ENT UK UG curriculum has provided content and structure for their proposals.  

2) Webinars with the RCS Edinburgh:  
The Webinars continue with new topics including:  
- Approach to Patients with Inherited Thyroid Cancer – 28/1/2015  
- Surgical Management of Patients with Confirmed Primary HPT – 18/3/2015  
- Surgical Approach to Patients with Differentiated Thyroid Cancer – 16/4/2015  

3) Medical Students and Junior Doctors ENT UK website:  
The Medical Students and Junior Doctors committee/section has now been merged and amalgamated with NEUFTS (National ENT Under-Graduate and Foundation Trainees Society and is now known as SFO-UK (Students and Foundation Doctors in Otolaryngology), this has resulted in a new website within the ENT UK website which includes up to date podcasts about careers in ENT as videos with eminent ENT surgeons. Educational podcasts about common ENT diseases and clinical issues. Advice on ENT electives, ENT prizes and competitions, courses, resources, event diary, links to eLearning and much more. This website was formally launched on 27th April 2015 at the 5th Foundation ENT Conference, at the RCS England http://sfo.entuk.org/  

4) Career Fairs 2015:  
The equipment for setting up a stand at career fairs remains available for use through Lyndy Pullan, ENT UK General Manager. Recently this was lost in transit and a new stand has been acquired. Lyndy Pullan can advise on new procedures to ensure successful transport of the equipment to and from venues.  

5) Electronic ENT Guide Book:  
The Medical student’s and Junior Doctors ENT Guidebook designed to support Foundation doctors whilst in their first ENT post. This should be available very soon as a downloadable booklet or equally available on phone or tablet computer. We are looking for sponsorship to aid conversion into an App, however this is quite expensive.  

6) Medical Students and Junior Doctors Annual Conference:  
This took place on 27th April 2015, with presentations in the morning and a skills workshop in the afternoon. The poster competition (>20 posters) included prizes from ENT UK and the Grant Bates Prize. Again this conference was well attended and very success. Our thanks go to Ameera Abdelraheem for her huge effort with the organisation.
7) SFO-UK and BACO 2015

The SFO-UK have a full day of activity at BACO 2015 including a one hour session in the afternoon with invited presentations and 2-3 hours in the morning with a skills workshop. There is also a poster competition (>50 posters entered so far). The committee’s constitution has been approved through the ENT UK executive committee in view of the change of name (SFO)/amalgamation with NEUFTS and the enhanced web presence. Simon Lloyd will be approaching 3 years in post in the autumn 2015 and he has agreed to a further extension of one year to aid the transition to the new SFO-UK. We are very much indebted to his energy, support and direction.

8) CPD committee:

Declan Costello as chairman and Russell Cathcart as deputy chairman have now appointed two new members to the committee, namely Paul Nankivell and Assem Shayah. Hopefully course inspections can start and the Quality Assurance of courses will now become more active. In the longer term, the committee are developing a new course registration system, in which delegates attending all courses will provide feedback through an online portal administered by ENT-UK and at the completion of on-line feedback questionnaire, the delegate will have their course certificate released to them.

9) Simulation and Courses Committee:

The Paediatric ENT Skills Courses for Consultants continues to attract an enormous amount of interest and are always fully booked very early. Iain Bruce and his faculty continue to enthusiastically support this work. Courses in 2015 include: Leicester, 23rd January 2015; Bangor, 30th January 2015; Belfast, 5th June 2015; London (Royal London) 2nd December, 2015; Brighton, 11th September, 2015. At present these course remain free to ENT UK members and are being provided solely for ENT UK consultant members working in the UK. Each course costs around £2-3000 and there are some considerations around a fee that may be considered and it is possible that £150 per delegate may be considered. Tim Woolford will be demitting from the chairmanship of the committee in the summer, we thank Tim for all his work and support over the past 2 years with the committee’s work.

10) National Selection/Recruitment:

The national selection for ENT Higher Surgical Training took place on 30th and 31st March at Elland Road in Leeds, This was undertaken in a very efficient manner with thanks to Helen Cruickshank and Ryan Mackenzie at Health Education Yorkshire and the Humber. A newer system with five interview stations was implemented, 119 applications were received with 111 candidates attending. It is anticipated that about 53 NTNs will be available with 13 LATS appointable, the final numbers will determined around the end of May 2015.

11) e-lefENT Project:

Victoria Ward continues to work relentlessly with this flagship project, and significant advances continue. Possible grant support negotiations continue on a very positive note. Support for the European Board ORLHNS examination completed (now the endorsed eLearning platform for this group), and a large European audience is now developing. Medical students will soon have free access to the e-lefENT website through SFO-UK. Human Factors Unit now fully functional and with good feedback. ISCP Link for trainees almost completed. The CPD committee have been approached to consider CPD/Certification for e-lefENT Editors/contributors, this strategy will be part of the on-going Editor/Faculty Development programme. App Development work for phones and tablet devices continues to expand. An approach by Australian College of Surgeons for access to e-lefENT has been received as well as from UCL Medical Library. Corporate access packages are now being considered to manage this form of specific/limited access. The Sri Lanka ENT training scheme is now keen to acquire access to e-lefENT and this should be achieved fairly soon. It is expected that no cost/fee will be required. The e-lefENT website will also be supporting BACO 2015 with publication of posters on the website.
SAS Committee Update

With BACO being only a few short weeks away, we hope to welcome as many of you as possible to the SAS session of the conference on Thursday, 9th July at 10am. With a view to maximising our potential as individuals and as a group, we have three speakers to address different aspects of the topic “Developing a Specialist Interest”.

Mr Shyam Singam, Associate Specialist, will describe how he secured SAS funding to develop his interests; Mr Amit Kochhar, Chair of BMA SAS Committee and ENT Associate Specialist will discuss autonomous working arrangements for SAS doctors; and Mr Ekambar Reddy, Consultant ENT Surgeon will give us insights into his journey from SAS doctor to consultant. Following this, the planned SAS Update Meeting has been booked for Thursday 1st October at the RCS England. This is the first ENT UK meeting specifically arranged with SAS doctors in mind for some time and our aim is to provide high quality and relevant CPD. We have informative and respected speakers coming from across the UK covering a broad spectrum of topics encompassing otology, rhinology, laryngology, head & neck surgery and audiology.

It is also our aim at the meeting to provide a forum for networking and sharing best practice. Much useful practice development work is done by SAS staff, but its impact remains local. We are looking to have a poster exhibition so if you have an audit, a research project, a service development success story, anything at all that you feel deserves a wider audience I would encourage you to put it into a poster and submit it to us.

Job planning is a vital aspect of our working lives. In February, the Royal College of Surgeons of England’s SAS Committee proposed quality indicators for job plans for SAS surgeons. Our response was considered along with other Surgical Specialty Associations and the guidance that was approved by the RCS Eng Council was published in May. This is now available on their website in the SAS section. I would strongly recommend that you read through this and I would be most interested in your thoughts.

Senior Editor Vacancy at The Journal of Laryngology & Otology (JLO)

Robin Youngs intends to stand down as JLO Senior Editor this year and The Trustees of JLO (1984) Ltd seek to appoint a suitable replacement. Those interested in this position should initially contact Andrew Chalk (JLO Company Secretary) by email at secretary@jlo.co.uk.

A job description including essential person attributes is available.

Application is by Curriculum Vitae which should include a short account of relevant experience.

Formal applications close by 31st August 2015.
Interviews will be held in Cambridge on 8th October 2015.
FIPO Appeal to CMA – the verdict

As you may already know, after a 3 month period of deliberation the Competition Appeals Tribunal (CAT) has given its verdict. The summary of the verdict and full judgment can be seen via the links below:


The CAT has rejected the FIPO appeal but, very unusually, by a majority rather than an unanimous verdict. You will see if you look at the judgment, that one of the three members of the Tribunal, Mr. Dermot Glynn, an economist, has put in a strong dissenting note at the end of the judgment (see Paragraphs 73-100). In his dissention he really has supported FIPO’s case as presented at the appeal.

The case ultimately revolves around several points raised by our Counsel but the core argument is whether or not an Adverse Effect on Competition (AEC) follows from the fixing of fees by insurers and thus whether the Fee Remedy proposed by the Competition and Markets Authority (CMA) will be effective. Mr Glynn agrees that publishing fees for individual consultants will be pointless as more and more consultants become locked in to the insurers' rates but he says much more than that.

A dissension like this by a Tribunal member is most unusual with only three previous cases with a non unanimous verdict and none in the last 5 years. This is, therefore, in a sense a moral victory for us and a justification that our economic arguments have been clearly recognised although this adverse majority decision was based predominantly on legal rather than economic grounds.

However, the situation regarding the insurers has deteriorated since the CMA completed its report a year ago. Some insurers (Bupa and PruHealth) are now insisting on consultant e-billing and adherence to their benefit schedules with no accounts to the patient. We understand that AXA PPP are also proposing e-billing as well slashing benefits across the board in a strategy of recognising “Fee Approved” consultants and PPP is gradually introducing this over the coming months with a “Fast Tracking” system of referrals to the approved consultants.

We have already taken these matters back to the CMA and we have requested that they relook at this situation irrespective of the CAT judgment. The CMA may or may not respond positively to this approach in the light of the CAT judgment. There are of course a number of other issues raised by the CMA’s report apart from the Fee (Information) Remedy. These concern the matters such as equity holdings by consultants in hospital ventures and the question of incentives.

There is also the much wider issue of the Quality Remedy and the role of PHIN (Private Hospital Information Network) which, as the Information Organisation appointed by the CMA, is mandated to publish both economic and quality data on both hospitals and consultants. PHIN has agreed that FIPO should be the professional pathway for the quality agenda and we will be working with the specialty associations and the hospitals to get a realistic plan on how this matter can be advanced with PHIN.

You will see below some extracts from the CAT Judgment which have been expressed by Mr Glynn but not supported by the other two Tribunal members.
ENTUK charity work abroad

Some of our members currently undertake charitable and humanitarian work in developing countries individually and as small groups. They struggle to overcome issues with project planning, equipment, manpower and general execution of ideas and could do with some help from experts. Many do similar work in different countries and could share and learn from experiences of one another.

Our ENT and audiology colleagues may wish to volunteer help not only by offering advice in the area of their expertise but also may wish to be personally involved in the work. This would help achieve the desired goal of helping under privileged children and adults in the developing world. ENT UK is exploring the idea of opening a wing to co-ordinate such work, offer help and guidance for members carrying out charitable work related to our specialty. We invite people to register their projects with ENT UK and we also wish to maintain a register of those who are willing to participate, help out, advise and guide charitable work in the area of their expertise.

The "humanitarian" wing of ENT UK would encourage and support charitable activities worldwide while providing ample opportunities for senior doctors, trainees, nurses and allied professionals who would like to get involved in such activities. The training and experience we have acquired in modern techniques and advances in otolaryngology and audiology could be used in teaching and training to implement change and help in the delivery of safe and high standard care in the developing world.

Please visit stall 64 in the exhibition at BACO in July to register your interest, see examples of work being carried out worldwide or email entuk@entuk.org and we shall endeavour to get in touch. If you wish to display examples of charity work related to ENT also please let us know.

Mr. Vijay Pothula, Consultant ENT Surgeon
Prof. Nirmal Kumar, Honorary Secretary, ENTUK
Prof. Tony Narula, President, ENTUK

Mr Dermot Glyn Quotes from the CAT Judgment:

“I can see no competition law or other justification for preventing top up fees by consultants whose expertise would allow this, and whose patients would be willing to pay” ($82)

“the absence of competition on price is in my opinion inescapably an AEC by comparison with a normally competitive market” … “for the CMA to find no AEC on the ground that consultants “could” compete below the fee caps did not have regard to the economic realities, and was therefore irrational” ($87)

“It is clear that PMIs, as the main purchasers in the market, are price sensitive to consultant fee levels and have taken various measures to control those fees. However, the pricing pressure exerted by the PMIs is very different to the sort of pricing pressure that would exist in a competitive market because PMIs are only the intermediary between the service provider and the service user and as explained above are subject to conflicting objectives. The CMA will also have been aware of the economics literature to the effect that in a market with few players, providing additional information may facilitate tacit collusion – here, by encouraging smaller PMIs to follow the Bupa or AXA PPP fee schedules.” ($97)

“Therefore, the Information Remedy cannot constitute an effective remedy” ($98)
Clinical Skill Centre, BACO, 8th – 10th July 2015

The BACO academic committee planned a CSC to provide a good environment for hands on training after the successful pilot of the 1st CSC in Glasgow, 2012. This is targeted not just at trainees but also consultants and other professionals who may be attending BACO such as audiologists, speech therapists, nursing and allied professionals.

There is also a plan for a dedicated session for medical students and FY's, basic surgical trainees. Electronic booking on to skills session will be by paying a nominal administrative fee (£10) with a maximum of 4 booked sessions for any individual delegate. Additional sessions can be booked online on the day.

A Paediatric ENT station will teach and refresh consultants’ and trainees’ emergency airway and resuscitation skills in a fully supported environment. Otology workshops will allow delegates to practice otological techniques and auditory implantation on both plastic temporal bones and simulated bones. A facial plastic skills centre will offer rhinoplasty training using plastic models, and various skin flaps on pig trotters. There will also be sessions dedicated to training in laryngology (injection and laser), endoscopic ear surgery. For our multidisciplinary colleagues, there are also sessions providing an overview of balance assessment, and speech and language therapy.

A dedicated medical student workshop will provide the opportunity for students to practice common procedures undertaken by FY and CT doctors. This includes flexible endoscopy of the upper airway, grommet insertion, tonsillectomy trainers, epistaxis management, tracheostomy and suturing techniques.

In conclusion, at BACO 2015, in the CSC we hope to support conference delegates in practical hands on training and especially with the need for helping trainees and consultants develop and maintain skills for emergency management of ENT conditions while learning new techniques at the forefront of ENT and in a multi-disciplinary setting. The clinical skills centre also aims to promote inter-professional development, and work in the new milieu where simulation offers an important route to enhanced patient safety as shown in the CMO’s report calling for this to be integrated in the health service.