I write this looking out on the wind and rain of St Andrews; rather unusual after the summer of hot and sunny weather. BACO 2018 in Manchester was a fantastic educational and social event. Everyone involved should feel a glow of pride in what was achieved. I listened to a number of good sessions and lectures, although “the party” and particularly, some of the dancing may stick in my mind for some time. The BACO 2020 committee is already hard at work preparing a great event for two years’ time.

I was pleased when the governments of England, Scotland and Wales declared their intent to vaccinate boys aged 12 to 13, against HPV. We await a positive declaration from Northern Ireland. Tony Narula initiated the “Vaccination for Boys” campaign by ENT UK. Members of the ENT UK executive team and the office staff have worked steadily and quietly away at this campaign and it is rewarding to see their efforts succeed. Particular thanks go to San Sunkaraneni, Carl Philpott and Lyndy Pullan.

There has been a lot of media misinformation concerning tonsil and grommet surgery in England. The evidence based document supports SIGN guidelines for tonsillectomy and Cochrane guidance for grommet insertion. Your ENT UK executive, led by Jeremy Davis, have sent a robust and detailed response to the authors of the document. The biggest danger, however, is our referring practitioners listening to the media hype and not referring deaf children and those with severe recurrent tonsillitis. We will review our media position once the final report is produced. Going forward I think we shall require a Great Britain and Northern Ireland document (and oversight panel) on indications for surgery of the ear, nose and throat. At the moment multiple governments and commissioning groups are creating their own indications lists. These groups also use phrases such as “limited clinical effectiveness” to cover up rationing and post-code lottery. Such a panel would require administrative support and the output from such a panel would need to be underpinned by the latest evidence, and regular
review of any document would be required. I proposed this structure to the Presidents of the four Royal Colleges of Surgeons. Unfortunately, the proposal cuts across the dynamics of current UK politics including grace and favour! ENT UK may have to take this project forward on its own in the future.

One of the developments from the Paterson Case has been a centralised desire to collect much more information about individual surgeons in both the NHS and in the private sector. The idea, of course, is to stop the next Paterson. As with most developments, the devil is in the detail. At present we do not have any significant collection of out-patient diagnosis or treatment. In the private sector there has been a reduction of codes (bundling) to reduce the payment costs. This means that in the private sector many codes may not reflect accurately the operation that a surgeon has performed. In the NHS identifying who, actually performed the procedure has always been problematic. Undoubtedly, with effort, we can help improve the quality of the data collected. Unfortunately, I think that it is doubtful that this data trawl exercise will identify the next Paterson or Shipman. We as group of ENT surgeons, however, should take part in the development of these systems, but be robust in demonstrating the failings of some of the concepts and systems. I have been informed that to introduce a new surgical code requires minimally 18 months lead-time so this will be a slow process.

I was saddened by the death of David Pothier. I had spent time with him in Toronto. There is an extensive obituary later in this newsletter.

Professor Tony Narula
Chairman, Colledge Family Fund

The Colledge Family Fund

Lionel Colledge was a famous London Head and Neck surgeon in the first half of the 20th Century. His only son was an RAF pilot who went missing presumed dead during World War II. His daughter Cecilia was a world champion ice skater who moved to Boston after the War and lived there until her death. She had endowed a fund at the Royal College of Surgeons of England in 1990 to honour her father and she left her entire estate to the Fund when she died. We renamed it the Colledge Family Memorial Fund and also established an annual Lionel Colledge Memorial Lecture. The interest from the investments is used to fund scholarships for ENT trainees to travel abroad and learn new things that will benefit UK patients. Currently the total investments stand at approximately £3 million, and we can disburse > £100,000 p.a. This year’s awards have been given to the following trainees:

George Barrett, for Fellowship in Otolaryngology, Christchurch Hospital, New Zealand.

Kishan Ubayasiri, for Head and Neck Fellowship in Halifax, Nova Scotia, Canada.

Navdeep Upile, for Head and Neck Fellowships in Brisbane, Australia and Seoul, Korea.

Rishi Sharma, for Rhinology and Anterior Skull Base Fellowship in Vancouver, Canada.

Saif Al-Zahid, for Skull Base Fellowship, Malaysia.

Sidhartha Nagala, for Head and Neck Fellowship in Melbourne, Australia.

Stephen Ball, for Rhinology and Anterior Skull Base Fellowship in Auckland, New Zealand.
SFO UK at BACO 2018

The Student and Foundation Doctors in Otolaryngology (SFO) day at BACO 2018 was a resounding success. We had 151 registrations, 100 abstracts submitted and fully booked SFO clinical skills sessions weeks in advance and with a substantial waiting list!

The delegates rotated through ten stations: rhinoplasty simulator, epistaxis, grommet trainer, nasendoscopy station, temporal bone drilling 3D simulator, tracheostomy simulator, tonsil tie trainer, BAHA simulator, bronchoscopy simulator and portfolio advice station.

The SFO lecture session started with David Hamilton giving a light hearted talk about a career within ENT. I had given him the title of “The Good, Bad and the Ugly” although the majority of the young audience had a blank face when reference to the film was made! Rishi Mandavia and Professor Anne Schilder gave a comprehensive overview of the research opportunities that are available within our specialty. The session ended with oral presentations from the three highest scoring abstracts. The JLO prize for best oral presentation was awarded to Mohammad Ahmad (A Systematic Review and Meta-Analysis of Cold Dissection versus Coblation Tonsillectomy in Children) who received a one-year online subscription to the journal. The Grant Bates prize for best poster was won by James Coey (Fibrin Tissue Adhesive versus Nasal Packing in Endoscopic Nasal Surgery: a systematic review & meta-analysis). On the other conference days, SFO committee members provided instructional sessions on “How to run an ENT careers event” (Nicky Seymour and James Schuster) and ”How to prepare your Portfolios“ (Michaella Cameron and Alex Yao) and these sessions were very well attended.

I wish to thank all the faculty and sponsors that supported the skills sessions as well as the speakers for the lecture session. In particularly I would like to thank Dheeraj Karamchandani who coordinated the 40-strong faculty during the course of the day and Neil Tolley for helping to source much of the equipment through his vast industry contacts! Also a big thanks to Vin Paleri, Steven Powell, Charlotte Hegarty and Michelle Maginn who provided fantastic organizational support for the day.

The next SFO Conference is planned for Saturday 12th October 2019 at University Hospital Birmingham. Please pass this date onto your juniors/medical students and also encourage them to look at the SFO website for details of regional representative vacancies and prizes.
Save the date!

BACO International 2020
8th - 10th July 2020
International Conference Centre, Birmingham, UK

Professor Gerry O'Donoghue, Consultant Otologist, Cochlear Implant and Skull Base Surgeon in Nottingham, UK, will be Master of BACO 2020. Here, he shares some news about the next BACO event, just two years away, which will be held in Birmingham, UK, in collaboration with the American Academy of Otolaryngology, Head and Neck Surgery (AAOHN).

Tell us a little about what you have in store for BACO 2020 in Birmingham.

Birmingham is a very vibrant city that has undergone huge transformation in recent years. It is a city that is easy to access and it has a wonderful conference centre which I am sure will add to the participant experience.

We are casting the net wide for BACO 2020 and extending an invitation to our colleagues in America through the American Academy of Otolaryngology Head and Neck Surgery, and of course we are also inviting our Canadian colleagues. I think this will be hugely beneficial to everyone.

BACO of course isn’t confined to our North American friends. We are BACO International, and BACO is open to the world. We also want otolaryngologists, audiologists, speech and language therapists, and nurses involved in otolaryngology to come and join us; they will be incredibly welcome.

So BACO 2020 welcomes you with open arms?

Absolutely, that's the message. Wherever you may be, whatever your involvement might be with the specialty you’ll find an audience and colleagues.

Rumour has it that there might be some awards happening at BACO 2020?

I think on this side of the Atlantic we’ve not been as ready to recognise people’s efforts on behalf of our specialty. That includes otolaryngologists, audiologists, speech and language therapists, colleagues in public health; all of whom contribute in one way or another to our specialty and to our patients. We want to recognise these people with the giving of some awards. Most importantly it’s recognition of the very considerable efforts that many people in our specialty put in that sometimes may go unrecognised; we want to correct that a little bit at BACO 2020.

Patients are actively being recruited to the first UK Recurrent Respiratory Papillomatosis registry. This opened in April 2018 through the AIR registry (Airway Interventional Registry) platform and there is much anticipation that this will provide benefit to patients and surgeons alike.

NICE produced Interventional Procedure Guidance on radiofrequency cold ablation for the treatment of RRP in 2012, recommending national data collection with the aim of reviewing this guidance on publication of further evidence.

A survey to all UK ENT surgeons achieved a response rate of 86% and identified 918 patients with RRP. Results showed the main intervention for RRP was the microdebrider but a total of 16 other interventions were used. A UK prevalence of 1.42/100,000 was estimated.

NIHR Research for Patient Benefit grant was awarded to develop the registry in September 2017, favourable ethical opinion was sought and the AIR: RRP formally opened on 1st April 2018. This UK registry is ideally placed to evaluate the outcomes of the HPV vaccination program and novel RRP therapies. The UK AIR: RRP data collection is on the NIHR Clinical Research Network (CRN) Portfolio for children and adults. This means that support is available to data collection centres to assist with reaching recruitment targets, screening and consenting patients.

Consultants wishing to contribute to the National AIR: RRP registry should contact the registry developer and host directly, who will liaise with the organisation directly in order to set up their new site as a data collection centre, and issue user accounts and guides.

Written informed assent/consent is required from patients or parents before patient data can be entered. Retrospective data dating back to 1st January 2015 can be entered with informed consent. Each patient will need to be registered online before data entered through an NHS computer.

The registry has been designed for ease of use, using mostly tick boxes and interactive diagrams. A voice handicap index (VHI) questionnaire assesses voice related quality of life.

Identifying the safest and most effective treatments for RRP will influence future care of RRP patients, reduce complications and improve the patient's quality of life. We hope to empower patients with a patient website which is under development. This will allow patients to go online securely and complete voice assessment questionnaires. We hope surgeons will support this registry.
‘Not just another life too short’

Obituary: David D Pothier
15th December 1973 - 27th July 2018

You can grope for the meaning of a life too short. Was this just another person we knew, part of the ring of friends just outside our close family, someone we knew well, but who was only elevated in death by others to a higher plane of admiration because of unreasonable vital brevity? If he had lived to be eighty-three, would we have more to say, or far less, since that is the new physiological norm? Would he be an identikit retired surgeon in the back pages of the BMJ, with career highlights and grandchildren, but buried in journalistic shadows by the preceding obituary, say, of a young doctor killed whilst spending a vocational year in a war-wrecked state? In short, a man like the rest of us, with the good and the mundane in equal measure. Good, unexceptional.

So it is, that a week after his heart finally mimicked the consciousness that had faded days, perhaps weeks, before, we ask “how was David Pothier’s hour upon the stage different?” We, who knew, loved and leant on him will argue that it raised questions about who we are as health professionals, researchers, humans. Questions whose answers, explored by those he influenced and those whom they influence in turn, have the capacity to change the lives of millions of people with disorders of the ear, nose and throat. We would argue that he was completely unique, not only in our experience, but in the recent history of our slightly-more-than-parochial speciality.

The Physician

Like the temporal bone, geology is three-dimensional. Starting where he planned to continue, taking on challenges and forever looking up, David was one of South Africa's premier rock climbers. The faces he scaled and ledges he navigated were so impossible, images of him were used in adverts as illustrations of extremes of human achievement. This innate sense of where things are in space and time, regardless of where books say they should be, was later reflected in his love for the microscopic Pan’s labyrinth of the temporal bone.

The faces he scaled and ledges he navigated were so impossible, images of him were used in adverts as illustrations of extremes of human achievement.

It was obvious to him from early in his training that advances in endoscopic imaging could both open up new frontiers for ear surgery, but paradoxically, also make accurate otoscopy so much easier for novices. Thus, he pioneered endoscopic dewaxing for practice and hospital nurses, training scores in the UK and Canada: a practice that should make medieval ear syringing obsolete in time. With Muaaz Tarabichi and others, he was a vocal champion of endoscopic ear surgery and how it could advance, de-risk, and improve teaching accessibility of even the
most complex ear surgery. The courses they established are changing the world of otology.

Every profession has its bugbear, its heart-sink subject and for otology it must be the dizzy patient, especially the tertiary referral for whom all the actually curable diagnoses have already been ruled out by others. It was this swamp of clinical despair that David took on and turned into a Capability Brown landscape. With brilliant colleagues like Cian Hughes, he developed incredibly cost-effective, I.T.-based ways of screening disequilibrium. His dizzy clinics were perfectly tuned to nailing the precise deficit, and, exceptionally, included a consultant psychiatrist to address the supratentorial aspects so elusive to surgeons. Dizzy patients have never been so well served.

**His dizzy clinics were perfectly tuned to nailing the precise deficit… Dizzy patients have never been so well served.**

What would it take to cool this super-nova, to add balance and measure? Louise, a fellow South African, was heaven- (or the atheist equivalent) sent, expressly for this purpose. Calm, measured, patient beyond Job, she complemented and completed him, and made his potential a reality.

James was born the week after his father’s diagnosis, at which time David was given only months to live, a couple of years at most.

James will be eight later this year. He is something to behold, a child so radiant and with such depth to his eyes that you feel you are in the presence of a being from a brighter, special plane. It became clear after a while that this spirit also required special considerations, and involved extra demands. Life and school added a challenge upon a challenge, but one which created the most nuclear family unit.

David’s celebration ceremony, held this month in Toronto, concluded with the most moving version of Lennon’s anthem “Imagine” that anyone can ever has sung, word-perfectly delivered by James, a seven year old boy, his father’s brilliance, message and spirit in every word.

**The Researcher**

From the start, David carried the torch of ENT research, carried out with focus, passion and scientific rigour. In some ways, his thought processes mirrored those of Philip Stell and George Browning, iconic geniuses and cynics of UK ENT. All three had fervour for the way that objective data, meticulously collected, and hypotheses tested by disciplined science, were the only ways to make step-changes in health for people floundering in the ocean of unmet clinical needs. We don’t think David ever met Stell, the gruff champion of head and neck oncology, but he knew and was inspired by George. He not only performed practical and meaningful trials himself, but organised everyone around him on training programmes to do the same, at times of conspicuous absence of significant research leadership in many rotations. His output, as first and co-author, therefore was prodigious. He organised meetings for registrars to discuss and present their work, lighting a flame in the minds of these brightest of young doctors, and developing their CVs and careers at the same time. As was later reflected in his beautiful woodwork creations, these projects were not just for the sake of looking good, as so much before and since had been, but were finely crafted with practical ends.

No less impressive, though, was his influence on his seniors. For all the years we knew him as a registrar, it was more like having a trusted colleague, guide and (more than perhaps) equal, than a subordinate trainee. He taught a raft of us, young and old, the value of ourselves as surgeon scientists; encouraged us to throw off the shackles of convention and create new ideas, test them and apply them. Thus, he skilfully and subtly spread these critical messages to as many people with the power to change ENT care as he could.

**He taught a raft of us, young and old, the value of ourselves as surgeon scientists; encouraged us to throw off the shackles of convention and create new ideas, test them and apply them.**
The Humanist

Fully signing up to atheism and humanism, despite (or perhaps because of) strict Catholic schooling, sat perfectly with David’s world view and philosophy. It was also steeped in utilitarianism, as his actions, teachings and mentorship aimed to give the greatest benefit to the greatest number. One of the authors recalls travelling to Toronto after a conference in the US where an argument about the existence of God started in the departure lounge and was still raging going through Canadian customs. His generosity of time, thought and spirit was overwhelming, such that through the long years he lived with the worry of recurrent illness, his first thoughts were never, ever, about himself. He showered his friends and work colleagues with gifts and help, and his giving continued not only to the end, but beyond: his corneas will give sight to at least one person who cannot see, and his body will educate the infinitely fertile minds of Toronto’s medical students, a final wave to the research and teaching that were his whole working life.

The Mentor

David was a phenomenal judge of character and could weigh somebody up from seconds of observation or snatches of conversation, with laser-guided accuracy. If you asked him whether someone was worthy of trust or thought that the world rotated around things other than themselves, you would get a response so sharp and dependable that he made Siri look as fast and accurate as a broken sundial.

That is why he surrounded himself with an incredibly diverse League of Extraordinary Gentlemen and Ladies, selected not through chance acquaintance, but because David saw something in them that was unique, special and worthy of his confidence, trust and mentorship. And for Louise, someone especially incandescent and compassionate, he added lifelong bonding. David’s mentorship came with a clarity that knifed through the turgid barriers that mediocre people, bureaucrats and mundane organisations impose on people with vision. Cutting this swathe permitted those he taught, mentored and befriended, and those who they, in turn, seek to help, to grow, to shine and to really make a difference. Moreover, he showed them all how to do amazing things with conviction and humour in equal parts; the yin and yang of change.

David’s mentorship came with a clarity that knifed through the turgid barriers that mediocre people, bureaucrats and mundane organisations impose on people with vision.

A Life with Meaning

Johnny Cash, just before his own passing, wrote: “The trees that I planted are still young, and the songs that I wrote will still be sung”. Those David taught, mentored, befriended and influenced are those saplings and trees, inspired by his passionate songs of truth, questioning, disciplined inquiry, and, in the face of all challenges, indefatigable humour. The little world of ENT surgery will never see his like again, but to have had him in our ranks, for even such a brief, shimmering time, has helped make the lives of thousands with ENT problems more tolerable, and inspired science that will help and cure millions more in decades to come.

He left a hole in the World and in the small, but vital, world of ENT that is huge and impossible to fill.

David, surrounded by whatever deities, humanist philosophers, aliens, or atheist spirits with whom he is now eating steak and smoking the Universe to rights, will be mocking us mercilessly for seeking inflated meanings from his life. However, we find them all the same. He left a hole in the World and in the small, but vital, world of ENT that is huge and impossible to fill. However, perhaps it doesn’t need to be, as it is forever David Pothier-shaped and will always remind us of our potential, and keep us on our toes.

Martin Birchall and Tony Narula
ENT UK 2018
Undergraduate Essay Prize

ENT UK award an annual prize of £500 for an essay of not more than 3,000 words, written by a clinical medical student. The 2018 topic is “What can ENT UK do to improve care in the developing world?”

Entries will be judged anonymously by an adjudicator appointed by ENT UK. The winner of the Essay Prize will be notified and will be invited to attend the ENT UK Annual General Meeting, when a certificate and cheque will be presented.

The winning essay will be posted on the SFO UK website and the winner will also be invited to join the SFO Committee.

Click here to visit the SFO UK website for further details

Deadline: 2nd September 2018

Integrate is Recruiting

INTEGRATE is the National ENT Trainee Research collaborative. It was formed and is run by ENT trainees throughout the UK.

A general election has been launched and there are wide number of positions available. There is a competitive application process, and applications are invited which will be assessed by an independent panel.

Visit the INTEGRATE website for details of positions available and how to apply

The deadline for applications to all committee and subcommittee positions is 2nd September 2018.

We take great pride in the achievements of ENT UK members, and are keen to share news of these.

We also accept obituaries for prominent members of the ENT community.

If you have an achievement or announcement to share, please get in touch