

# Run Through Pilot in Otolaryngology



October 2017

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

  
**THE NHS  
CONSTITUTION**  
the NHS belongs to us all

## **What does run through training mean?**

Run through training is a programme whereby trainees appointed to ST1 posts in the specialty will continue through to ST8 and certification without further competitive interview or recruitment processes provided they meet the requirements of the programme and curriculum. This includes meeting examination and other requirements which are similar to the current uncoupled training pathway.

## **Why is Otolaryngology offering a run through training pilot?**

Trainees who have decided early in their training that they wish to pursue a career in Otolaryngology may benefit from the opportunity to undertake run through training because there will be:

- Assurance that the trainee will receive all their training in a defined programme and therefore geographical location.
- Assurance that the posts offered in the first two years (ST1 and 2) are likely to be particularly suitable to a future ENT Surgeon.
- Assurance that subject to satisfactory progress the trainee will be successful in pursuing a career in ENT, allowing early engagement with ENT UK and the various subspecialty ENT organisations, gaining access to the learning resources these organisations provide.

Trainees who decide after starting the programme that they wish to pursue a different career pathway will gain competencies in the first two years of training which could allow them to transfer through competitive entry at ST3 to another surgical specialty or, in some circumstances, gain credit for competencies when transferring to a non surgical specialty.

## **How long will the pilot run for?**

It is anticipated the run though pilot will be for three years.

## **How will recruitment take place**

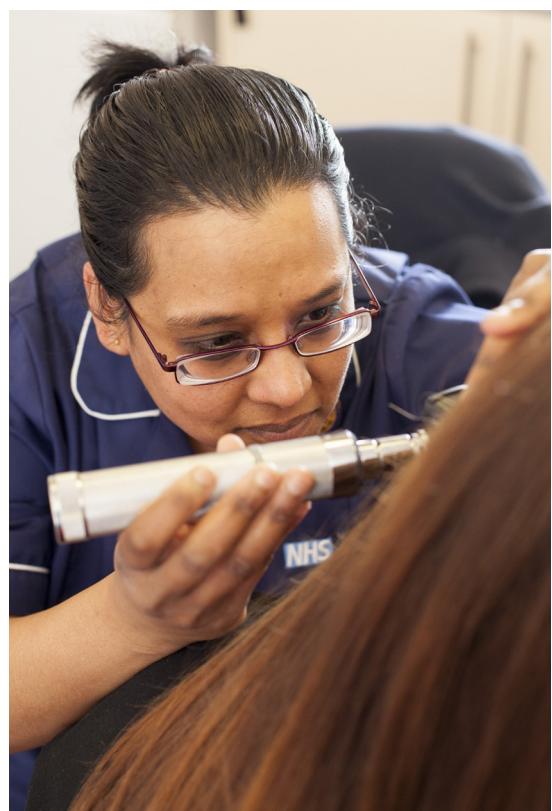
In the first year the run through pilot programmes will be offered as an option within national core recruitment.

## **Which LETB's are participating?**

The participating LETB's are not yet finalised but it is anticipated that up to four LETB's will take part, with a good geographical distribution in England. There are no current plans for programmes outside England, but that may change in the future.

## **About Otolaryngology**

Otolaryngology is the surgical specialty involved with the diagnosis, evaluation and medical and surgical treatment of diseases of the ear, nose, throat, salivary glands, thyroid and parathyroid glands and conditions of the skin and mucosa of the head and neck region.



Otolaryngologists provide care in a wide range of settings including teaching and district general hospitals, with a spectrum of practice including the care of patients with general elective and emergency ear, nose and throat (ENT) conditions in both adults and children, and areas of interest including complex ear disease, neuro-otology and balance, paediatric ENT, rhinology, facial plastic surgery, benign and malignant head and neck disease, laryngology and neck endocrine surgery. The purpose of training in otolaryngology to the level of certification is to provide otolaryngologists who are fully trained in the general aspects of the specialty, who can provide safe emergency otolaryngology care, and who have also demonstrated competence in at least one special interest to the level required for practice in a secondary care setting.

Otolaryngologists should have a broad knowledge of all aspects of the specialty and at certification should be able to manage unselected patients referred to secondary care, to initiate relevant investigations, and start general treatment plans. This should include the majority of unselected referrals from general practice. They should be competent to manage the medical and surgical aspects of the common otolaryngology emergencies. They should have the knowledge and clinical skills to be able to recognise the need for referral to specialist care, either within their organisation or to another tertiary care organisation. Surgical experience should be to a level of a generalist, being able to perform straightforward procedures, including emergency procedures, in all areas of interest in otolaryngology. At certification trainees should also be able to demonstrate enhanced surgical skills commensurate with competence in at least one of the special interests in secondary care. Some clinicians will choose to develop their clinical and operative skills beyond that expected at certification and offer tertiary and quaternary level care. This professional development is often undertaken after certification and therefore is not covered further in this curriculum.

### Background

Historically the birth of the specialty occurred with the merging of the disciplines of Otology and Laryngology in the early 20th century. Early otolaryngology specialists mostly managed the septic complications of infections of the mastoid, tonsils and sinuses. The specialty went through a series of evolutions mostly as the result of medical technological innovations in the latter part of the 20th century, notably the introduction of diathermy, operating microscope, Hopkins rod endoscope, and Laser systems and in the 21st century the development of Robotic systems and implantable hearing devices. Over the last 50 years, otolaryngologists have entered new spheres of medical and surgical practice, as a result of advances in technology and also due to changes in which surgical specialties provide care in specific conditions including salivary gland surgery, head and neck oncology and more recently thyroid surgery.

The number of otolaryngology consultants in the UK and Ireland has increased over the years. This increase is due to changes in the demographics of the general population including increasing numbers and ageing, and also due to increasing patient demand for specialist care and a reduction of otolaryngology training in undergraduate and postgraduate general medical training.

In the early decades of otolaryngology, it was usual for a surgeon to perform operations from all aspects of the specialty. As otolaryngology has evolved, the operations have become more diverse and complex. Some conditions that were previously dealt with surgically are now treated with medical management – otolaryngology has a greater proportion of medical patients than most surgical specialties. Otolaryngology practice has therefore become more specialised. A typical otolaryngologist will operate 1 to 1.5 days (2 to 3 half-day sessions) per week, undertake 3 to 4 outpatient sessions per week and also be involved in the care of patients presenting as emergencies including ward rounds and on call duties.

There is also an expectation that a surgeon will participate in specialist multidisciplinary (MDT) meetings appropriate to their special interest, some of which may be off-site from the base hospital. In addition, there is the associated continuing professional development (CPD) required to keep up to date with the latest developments in the specialty.

### Service needs

In terms of workforce planning and service needs, there are a small number of otolaryngologists who still provide a general otolaryngology service, but in most units different surgeons represent a range of areas of interest. Most new consultant appointments in both the secondary and tertiary setting require at least one special interest. For the future workforce it is therefore important that trainees have enough time in their training to develop their special interest skills.

All otolaryngologists are expected to perform the routine operations including tonsillectomy, septal surgery, basic functional endoscopic sinus surgery and simple ear surgery. Technological advances have meant that many otolaryngological procedures are now more complex, often with minimally invasive techniques, and this is expected to increase with time so as to minimise the trauma to patients undergoing surgery. The learning curve for these operations can be long, and it is not possible to acquire or maintain skills in all aspects of the specialty.

### Training pathway

The curriculum therefore divides training into 3 stages in the 8 years of surgical training. Trainees initially follow the Core Surgical Training Curriculum, which includes an introduction to otolaryngology and also an ST3 preparation curriculum for those who want to pursue a career in otolaryngology. Trainees in the run through pilot will follow a similar pathway but the relevant posts will be ST1 and ST2 instead of CT1 and CT2. From ST3 onwards, a specialty curriculum trains to a level of a generalist with an additional special interest. The knowledge and clinical skills required for general elective and emergency practice should be achieved by the end of Phase 1 of specialty training (ST, indicatively at the end of ST6), allowing knowledge and clinical skills to be assessed by the Intercollegiate exam. Phase 2 of ST (the final two indicative years) allows any gaps in general otolaryngology surgical technical skills to be addressed and also allow further development of one or more special interests. This means that by certification trainees will have the knowledge, clinical skills and technical skills for general otolaryngology including emergencies and also will have developed a special interest as defined in the syllabus. The inclusion of special interest modules within the curriculum allows benchmarking for the level of competence expected for a trainee to demonstrate training to the minimum standard expected for consultant practice with a special interest.



The otolaryngology curriculum also includes other optional curricula which are designed for those wanting training to tertiary level. These include the TIG curricula in Head and Neck oncology, Reconstructive and Aesthetic surgery, Cleft Lip and Palate surgery. Further professional development toward tertiary and quaternary practice can be achieved after certification, including through post certification fellowships. It is recognised throughout the curriculum that competence in highly specialised low-volume procedures may not be completed by the end of training although the trainee will have the basic competencies to develop these post certification.

By certification, all surgeons with Certification in Otolaryngology will be able to:

1. Manage patients presenting with all Otolaryngological emergencies including managing complications and onward referral as appropriate
2. Manage paediatric conditions
3. Manage conditions of the external and middle ear
4. Manage conditions of the inner ear
5. Manage conditions of the nose and paranasal sinuses
6. Manage conditions of the oral cavity
7. Manage conditions of the larynx, pharynx and upper oesophagus
8. Manage conditions of the neck, thyroid and salivary glands



