# Otolaryngology Curriculum

# Purpose statement

**Proposal for August 2019**

The purpose statement addresses the requirements of the General Medical Council's Excellence by design: standards for postgraduate curricula (theme 1) and the Shape of Training Review, setting out patient and service needs, scope of practice and the level of performance expected of doctors in training.

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## 1. Purpose Statement for Otolaryngology

*1.1 The curriculum scope of practice, service and patient and population needs*

The purpose of the Otolaryngology curriculum is to produce consultant surgeons with the generic professional and specialty-specific capabilities needed to manage patients presenting with the full range of acute Otolaryngology conditions, and manage elective conditions in the generality of Otolaryngology as well as to develop a special interest within the specialty. Trainees will be entrusted to undertake the role of the general Otolaryngology registrar during training and will be qualified at certification to apply for consultant posts in Otolaryngology in the United Kingdom or Republic of Ireland.

Patient safety and competent practice are both essential and the curriculum has been designed so that the learning experience itself should not affect patient safety. Patient safety is the first priority of training demonstrated through safety-critical content, expected levels of performance, critical progression points, required breadth of experience and levels of trainer supervision needed for safe and professional practice. Upon satisfactory completion of training programmes we expect trainees to be able to work safely and competently in the defined area of practice and to be able to manage or mitigate relevant risks effectively. A feature of the curriculum is that it promotes and encourages excellence through the setting of high-level outcomes, supervision levels for excellence, and tailored assessment and feedback, allowing trainees to progress at their own rate.

The curriculum is divided into two phases. In the first phase trainees will achieve competence in the knowledge required in the generality of the specialty required for certification, and in the second phase they will continue the acquisition of general and emergency otolaryngology technical skills to achieve technical competence and in addition achieve competence in one area of special interest - seven are offered:

- Otology
- Rhinology
- Head and Neck
- Thyroid and Parathyroid
- Laryngology
- Paediatric Otolaryngology
- General Otolaryngology as a Special Interest

The indicative overall training times will be 6 years for trainees undertaking five of the special interest modules (Otology, Rhinology, Head and Neck, Paediatric Otolaryngology and Thyroid and Parathyroid). Trainees undertaking Laryngology or General Otolaryngology as a Special Interest will usually be able to complete this second phase of training in one year, subject to them also achieving the necessary technical skills in general and emergency otolaryngology, with an indicative training time of 5 years. For all trainees the actual length of training may be shorter or longer than the indicative time according to the rate at which competencies are achieved.

*1.2 Shape of training review*

The Shape of Training (SoT) review[1] gave an opportunity to reform postgraduate training to create a workforce fit for the needs of patients, producing doctors who are more patient-focused, more general and have more flexibility in career structure. The Otolaryngology curriculum meets the main recommendations of SoT as shown below.

1. *Take account of and describe how the proposal will better support the needs of patients and service providers*

The curriculum has been developed with extensive input and representation from stakeholders including trainees, trainers, patient and lay representatives, education providers and NHS employers.

A driver for curriculum change was the GMC's introduction of updated standards for curricula and assessment processes laid out in *Excellence by Design*[2], requiring all medical curricula to be based on high-level outcomes. These high-level outcomes are called Capabilities in Practice (CiPs) and describe the professional tasks or work within the scope of specialty practice. At the centre of each of these groups of tasks are Generic Professional Capabilities[3] (GPCs), interdependent essential capabilities that underpin professional medical practice and are common to all who practice medicine and are in keeping with Good Medical Practice (GMP). Equipping all trainees with these transferable capabilities will result in a more flexible, adaptable workforce.

The curriculum framework articulates the standard required to work at the consultant level, and at key progression points during training, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice. The framework draws on the holistic judgement of supervisors to ensure trainee progression is consistent with safe and effective care for the patient. Service providers and patients benefit from Consultant Otolaryngologists who are trained in the generality of the specialty but who also have special interest skills to provide more specialist care. The curriculum ensures that trainees will, at certification, have both a special interest skill and good general emergency and elective skills.

2. *Ensures that the proposed curriculum to CCT equips doctors with the generic skills to participate in the acute unselected take and to provide continuity of care thereafter*

All trainees will have a full range of emergency skills at certification and will be able to participate in the unselected take in emergency adult and Paediatric Otolaryngology throughout their consultant practice, and provide continuity of care thereafter.

3. *Where appropriate describes how the proposal would better support the delivery of care in the community*

Trainees will learn and develop the required skills primarily in the practice environment. Training will be in hospitals and may include training in community hospitals, private settings and, where available for training, clinics in the community.

Because of the need for specialised equipment when undertaking Otolaryngology outpatient and operating work, the potential to undertake clinics in individual primary care facilities is limited. The use of flexible endoscopes in outpatient clinics is an integral part of Otolaryngology practice, requiring co-located decontamination facilities. There are governance barriers to trainees undertaking work in a primary care setting unless there is a contract in place with their main employer to allow this under the terms of their employment.

The curriculum does allow trainees to work in a variety of community settings where the necessary facilities and governance arrangements are in place, and after certification trainees

will be able to work in community settings subject to the availability of equipment and safe governance.

The curriculum encourages trainees to be vigilant for opportunities to learn from other health care professionals, for example General Practitioners (GPs), nurses and practitioners in different disciplines. Working with and learning from these groups adds a richness and diversity to the training programme. Examples of this could include working with social workers to manage a complex family situation.

*4. Describes how the proposal will support a more flexible approach to training*

The Otolaryngology curriculum describes capabilities shared with other specialties in surgery including the professional capabilities generic to all medical specialties to promote flexibility in postgraduate training, in line with the recommendations set out in the GMC's report to the four UK governments[4]. The CiPs and GPCs mentioned above can be evidenced by experiences in a wide range of placements and environments to meet the needs of the service and the individual trainee. The CiPs and GPCs support flexibility for trainees to move between related specialties and disciplines without needing to repeat aspects of training. All the generic CiP's are transferable to other surgical specialties and some may be transferable to non-surgical specialties e.g. Manages an out-patient clinic, Manages ward rounds and the ongoing care of inpatients, Performs as a supervising clinician, Contributes to and assesses clinical research, Leads, delivers and assesses patient safety and quality improvement and Works effectively in the Health Service. Trainees who choose to move to a different career choice may therefore be able to have a shorter than usual training pathway in their new training programme, in recognition of learning already gained.

Most of the syllabus is not transferable as the knowledge and detailed technical skills are specific to Otolaryngology, but some limited areas of the syllabus may be transferable e.g. Thyroid and Parathyroid surgery could be transferred to endocrine surgery.

This flexible approach with acquisition of transferable capabilities will allow surgical training to adapt to current and future patient and workforce needs and change in the requirements in surgery with the advent of new treatments and technologies.

*5. Describes the role that credentialing will play in delivering the specialist and sub-specialist components of the curriculum*

The curriculum ensures trainees develop a special interest during training in addition to acquiring generic skills. This will allow them to apply for consultant posts in secondary care Otolaryngology departments once they have achieved certification. Employers have told us they would like trainees to be able to take up consultant posts without further training in the majority of cases. Employers in secondary care Otolaryngology departments almost always

request that applicants are competent in one area of special interest to meet the needs of the local community and the local Otolaryngology team.

Some trainees will undertake post certification learning, to meet the needs of tertiary care departments and the associated employers. As credentialing develops, it is possible that the extra requirements to be competent in tertiary care environments will be assessed through a credentialing process.

The Otolaryngology SAC recognises the clear need to develop a credentialing pathway that will support the acquisition of specialist skills throughout Otolaryngology professional careers, including immediately after certification. When the legal and regulatory framework for credentialing has been developed, we will look at which clinical areas will benefit from different types of credentials, responsive to employer and patient needs (see Appendix 1).

*1.3 The high-level outcomes of surgical training*

## *Capabilities in Practice*

The high-level outcomes of the curriculum are expressed as 5 shared Capabilities in Practice (CiPs) which describe the professional tasks or work within the scope of Otolaryngology, these are:

1) Manages an out-patient clinic

2) Manages the unselected emergency take

3) Manages ward rounds and the ongoing care of inpatients

4) Manages an operating list

5) Manages a multi-disciplinary meeting

## *Generic Professional Capabilities*

Embedded within each CiP are the full range Generic Professional Capabilities (GPCs) which describe the professional responsibilities of all doctors in keeping with Good Medical Practice. The GPCs have equal weight in the training and assessment of clinical capabilities and responsibilities in the training programme. The nine domains of the GPC framework are:

1. Professional knowledge
2. Professional skills
3. Professional values and behaviours
4. Health promotion and illness prevention
5. Leadership and team-working
6. Patient safety and quality improvement
7. Safeguarding vulnerable groups
8. Education and training
9. Research and scholarship

## *Supervision levels*

The assessment of CiPs draws on the holistic judgement of Clinical Supervisors by ascribing the supervision level required by the trainee to undertake each CiP to the standard of certification. The level of supervision will change in line with the trainee's progression, consistent with safe and effective care for the patient. Typically, there should be a gradual reduction in the level of supervision required and an increase in the complexity of cases managed until the level of competence for independent practice is acquired. The supervision levels are:

**Level I:** Able to observe only

**Level II:** Able to act with direct supervision:

a) supervisor present throughout
b) supervisor present for part

**Level III**: Able to act with indirect supervision

**Level IV:** Able to act unsupervised

**Level V**: Has gained mastery and starting to teach

## *Descriptors*

Each CiP contains key descriptors associated with the clinical activity or task and all the GPC descriptors. The descriptors are intended to help trainees and trainers recognise the level of knowledge, skills and professional behaviours which must be demonstrated for independent practice. All descriptors will be taken in to account when carrying out assessment and they will be

used by Clinical Supervisors to highlight where trainees achieve excellence at a faster rate and when targeted training is necessary in the manner of an exception report. They, therefore, provide the basis for specific, constructive feedback to the trainee. The CiPs will also provide trainees with a self-assessment, providing an opportunity to show insight and actively engage in the feedback discussion.

By the completion of training and certification, the trainee must demonstrate that they are capable of unsupervised practice in all CiPs.

*1.4 Progression through training*

Trainees will enter Otolaryngology training via a national selection process at either ST3, or through the ST1 run-through pilot programme. Trainees will learn in a variety of settings using a range of methods, including workplace-based experiential learning in a variety of environments, formal postgraduate teaching, simulation based education and through self-directed learning.

Otolaryngology training will normally be completed in an indicative time of 6 years after core training (CT1-2 or ST1-2) (4 years phase 1 and 2 years phase 2). There will be options for those trainees who demonstrate exceptionally rapid development in knowledge, technical skills and acquisition of capabilities to complete training more rapidly than this indicative time. There may also be a small number of trainees who develop more slowly and will require an extension of training in line the Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide)[4].

The programme, from ST3 onwards, is divided into 2 main phases:

*Phase 1*

During phase 1 trainees will gain the knowledge and clinical skills in general Otolaryngology to the level of independent practice expected at certification. Their operative skills, whilst well developed by the end of phase 1, will reach the level expected for certification in the emergency and general elective competencies of the curriculum at the end of phase 2. This includes the ability to perform independently to consultant standard the procedures that are required to safely manage all patients presenting as emergencies, except those rare cases which need more specialised care (certification will produce doctors with the knowledge and skills to stabilise and safely transfer that patient). A trainee will also be able to manage a wide range of general Otolaryngology elective procedures in both children and adults, as described in the syllabus.

Phase 1 will be completed when Supervision Level III has been achieved in each CiP, and a trainee will be eligible for certification when Supervision Level IV has been achieved.

At the end of phase 1 there is a critical progression point where trainees will demonstrate competencies in knowledge, clinical skills and professional behaviours commensurate with certification and become eligible to sit the Intercollegiate Specialty Board Examination in Otolaryngology.

*Phase 2*

In phase 2 trainees will further develop the technical skills in the elective and emergency aspects of the specialty and develop *one* of seven possible special interest areas as defined by the syllabus.

A special interest area module will be followed after discussion with the Training Programme Director (TPD) and will be based on the needs of the service, the preference of the trainee and the ability of the programme to support the trainee in that special interest. Whilst we anticipate programmes will offer most or all of the special interest areas, either within the programme or by arrangement with a neighbouring programme, there is no requirement for any one programme to offer all the areas of special interest. There may additionally be instances where there are more trainees in a cohort who wish to pursue an area of a specific special interest than a programme can accomodate, and the TPD may need to suggest a different special interest to some of these trainees.

During phase 1, trainees may have acquired a greater or lesser proportion of the competencies contained in phase 2 with respect to technical aspects of elective and emergency surgery and in a chosen area of special interest. In an outcomes based curriculum this may mean that some trainees reach the end of phase 2 in less than the indicative time, and some may need extra time to complete the curriculum.

Five of the special interest modules will take two years to complete (Otology, Rhinology, Head and Neck, Paediatric Otolaryngology and Thyroid and Parathyroid), giving an indicative training time of 6 years overall. Trainees undertaking Laryngology or General Otolaryngology as a Special Interest will usually be able to complete this training in one year, subject to them also achieving the necessary technical skills in general and emergency otolaryngology, giving an indicative training time of 5 years for these trainees. For all trainees the actual length of training may be shorter or longer than the indicative time according to the rate at which competencies are achieved.

Trainees will not necessarily spend all of phase 2 in their chosen area of special interest. They may require additional training in some of the technical competencies related to general elective and emergency Otolaryngology and may need to undertake placements offering this training.

On completion of phase 2 trainees will be eligible for certification and for recommendation to enter the specialist register. Reaching Supervision level IV in each of the shared CiP areas will allow the award of ARCP 6 and recommendation for certification and entry onto the specialist register.

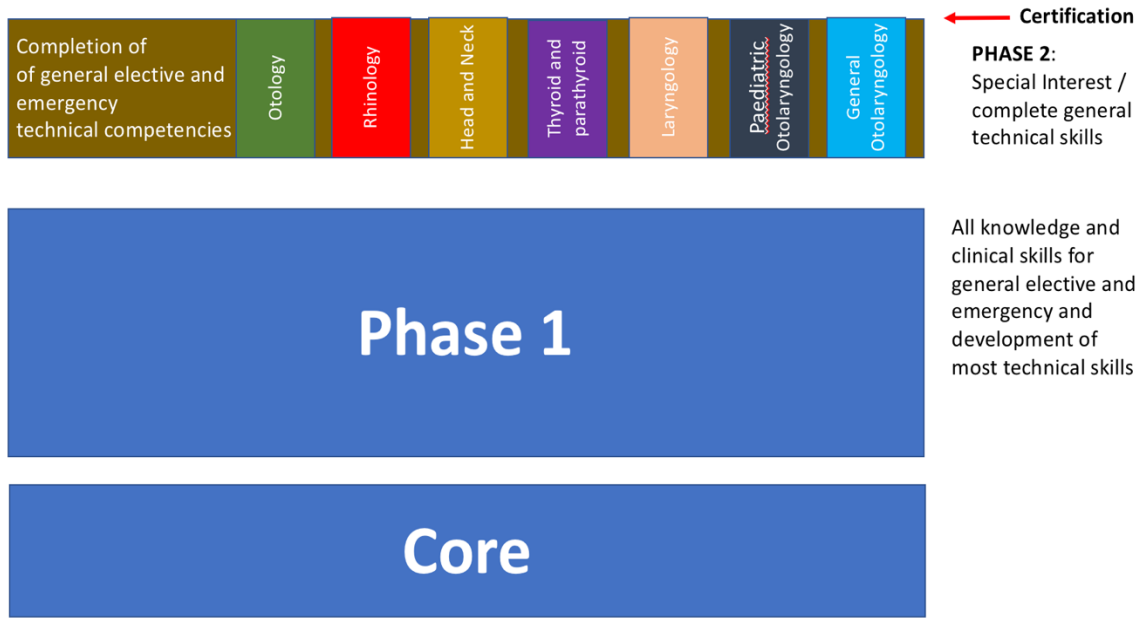


Figure 1 – Progression through training

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