

## Overview of changes to new Otolaryngology Curriculum

### Rationalisation of curriculum, and standardisation across surgical specialties where possible

The curriculum has been reduced in length by avoiding repetition and by removing much information which was perceived to add limited value to trainees and trainers when they read the curriculum. The use of appendices has allowed the main curriculum to be significantly reduced in length.

There has been a process of standardisation across surgical specialties, where appropriate, to remove differences between specialties where there was no need for this. An example is the research requirements for certification which is now planned to be the same for all surgical specialties.

### Phases of training

The training pathway has been divided into three phases. Phase 1 covers the first two years of training (core surgical training, or StR 1 and 2 for run through trainees).

Phase 1 has been removed from this specialty curriculum as it is covered in the core surgical training curriculum.

This curriculum covers the final two phases. Phase 2 is an indicative four years (equivalent to StR years 3 to 6) and Phase 3 takes an indicative time of one or two years, depending on the special interest chosen by the trainee. The Intercollegiate Board examination is completed in this final phase of training.

### Programme of Learning

The curriculum includes 5 high level outcomes called Capabilities in Practice (CiPs) which integrate parts of the syllabus to describe the professional tasks within the scope of specialty practice. At the centre of each of these groups of tasks are Generic Professional Capabilities<sup>1</sup> (GPCs), interdependent essential capabilities that underpin professional medical practice and are common to all who practise medicine. GPCs are in keeping with Good Medical Practice (GMP)<sup>2</sup>.

### Programme of Assessment

To allow a full assessment of the progress of a trainee at the annual review, a multiple consultant report (MCR) has been introduced which allows the trainees progress to be assessed to ensure they are progressing through phase 1 and 2 as expected.

---

<sup>1</sup> [Generic professional capabilities framework](#)

<sup>2</sup> [Good Medical Practice](#)

### **Critical Progression Point**

A critical progression point had been introduced at the end of Phase 2, with defined standards that need to be met before a trainee can pass into Phase 3 of the pathway. The multiple consultant report feeds into this assessment.

### **Supervision levels in the syllabus**

Most of the supervision levels for Knowledge and Clinical Skills have been removed from the syllabus. In the majority of cases an indicative supervision level 4 was shown in the previous syllabus, and where this level was expected at the end of Phase 2 it has been removed from the syllabus with an explanation that this is the level expected where none is stated.

Supervision levels continue to be shown for technical skills. In Phase 3 of the curriculum, trainees are expected to develop a defined special interest. In some parts of the syllabus the supervision level required for a trainee undertaking a defined special interest is greater than that in the generality of the speciality – and this is shown in the supervision levels included in the syllabus (appendix 2 of the curriculum).

There have been some minor changes in required supervision levels at the end of Phase 3 to reflect changes in practice since the last major curriculum revision. All such changes have been made after discussion within the SAC and, where appropriate, with relevant specialty organisations.

### **Updating Knowledge and Clinical Skills, and Technical Skills**

There have been three additions in the relevant topics to reflect omissions and changes in practice.

Knowledge - Eosinophilic Oesophagitis – covered under disorders of swallowing

Knowledge – Thyroid – knowledge of necessary investigations for those (rarer) thyroid cancers associated with MEN syndromes

Technical skills - Cricothyroidotomy – as an emergency airway procedure