INTERSPECIALTY HEAD & NECK SURGICAL ONCOLOGY FELLOWSHIPS

Birmingham
Glasgow
Hull/Yorkshire
Kent & Sussex
Liverpool/Mersey
Central Manchester
North Manchester/Pennine
Newcastle
Oxford
Sheffield

The Job Descriptions for the following centres are currently under review and will be available on the website as soon as each one is finalised:

London (Guys & St Thomas’)
Head and Neck Fellowship at the University Hospital Birmingham

The Pan Birmingham Cancer network serves a population of over 1.8 million. The designated cancer centre for the network is University Hospital Birmingham. There are 4 Maxillofacial Surgeons with an interest in Head and Cancer and Reconstruction. There are 2 Otolaryngology Consultants with an interest in Head and Neck Cancer at UHB and a further surgeon at City Hospital. There is one Otolaryngologist, whose main interest is thyroid surgery. There are two Otolaryngologists with an interest in skull base surgery. There is a skull base MDT held every two weeks, in addition to the weekly Head and Neck MDT. The Thyroid MDT is held within the weekly Head and Neck MDT. There are 3 full time Oncologists with an interest in Head and Neck Cancer. They are providing IMRT. There are 3 Radiologists with an interest in Head and Neck imaging. PET imaging is available on site. There are 2 Restorative dental consultants who carry out clinics on site. The Maxillofacial Laboratory is world-renowned and has 7 full time Maxillofacial Prosthetists and the trust has one of Europe’s largest extra oral implant programmes. Weekly pre-treatment clinics are held by the SALT, Dietetic, Head and Neck specialist Nurses and Head and Neck counsellors. The aim is that every patient undergoing cancer treatment will be assessed at these clinics. All surgical patients are looked after in a designated Head and Neck ward shared between ENT, Maxillofacial and Plastic surgical teams.

The programme for the Fellow can be tailored to the successful applicants needs. However, in principle it consists of 3 monthly rotations between Maxillofacial or ENT. Within each rotation, there is scope for regular training in thyroid surgery. Each rotation will have regular operating sessions and clinics. All aspects of Head and Neck Cancer are treated at UHB. There will be opportunity and fellows will be encouraged to attend oncology, pre-treatment, and SALT clinics. Fellows will also spend some time in planning Radiotherapy and Chemotherapy. The fellowship at UHB in Birmingham will provide candidates training in all surgical treatments for Head and Neck Cancer including complex reconstructions. It will also give them training in all aspects of care for this complex group of patients.

If you have any questions, please contact Mr Sat Parmar, Consultant Oral and Maxillofacial Surgeon on 07808 777595
Glasgow Royal Infirmary / Southern General Hospital

The interface fellow is expected to attend all sessions in the timetable (see below) with other times for private study / audit and research. Depending on their level of training and needs, the fellow is expected to take a primary active role, during theatre. This will be as primary surgeon or 1st assistant in most instances, with senior surgeon supervision. During clinic, the fellow is encouraged to assess and work-up head and neck oncology patients, with the use of diagnostics (ie endoscopy) and local anaesthetic biopsies where indicated. Follow-up patients and management in the MDT environment will also allow experience in allied health care specialties as well as non-surgical treatment regimes and indications.

The year, in Glasgow, is divided into blocks to incorporate the work of the two main units in the north and south of the city and for the purposes of continuity in patient care. This also allows for exposure to of all aspects of head and neck surgical oncology in the time allocated.

North Glasgow (Glasgow Royal Infirmary)

Monday  MDT meeting / MDT clinic (am)
Tuesday  Plastic Surgery Theatres (all day) / ENT clinic (am) alternate
Wednesday ENT Theatres (am) / Audit / Research (pm)
Thursday Plastic surgery Theatres (all day)
Friday   MDT meeting / clinic (am Southern General Hospital)

South Glasgow (Southern General Hospital)

Monday  Maxillo-facial Theatres (all day)
Tuesday  Maxillo-facial Theatre(pm)
Wednesday ENT clinic (am) / Head & neck clinic pm
Thursday Maxillo-facial Thetares (all day)
Friday   MDT meeting / clinic (am)

The last few months of the fellowship time are flexible depending on the remaining training needs of the fellow.
Interface Head & Neck Surgical Oncology Fellowship
Based at HULL Royal Infirmary

SUPERVISOR: Prof. Nicholas Stafford .....Consultant ENT, Head & Neck surgery

FACULTY:
Mr. Nick Hart ....Consultant Plastic & Reconstructive surgery
Mr. Jemy Jose ....Consultant ENT, Head & Neck surgery
Mr. Douglas Kennedy....Consultant Oral & Maxillofacial surgery
Mr. Martin Cope....Consultant Oral & Maxillofacial surgery
Mr. James England...Consultant ENT, Head & Neck surgery

TIMETABLE:

AM PM
MONDAY
plastics theatre plastics theatre
TUESDAY
ENT theatre ENT theatre
WEDNESDAY
CPD (upper GI Endoscopy t head & neck MDT/combined clinic
THURSDAY
oral & maxillofacial theatre oral & maxillofacial theatre
FRIDAY
ENT theatre (Thyroid/Parathyroid surgery)

SAMPLE - Logbook of Procedures of Fellowship
August 2008 – August 2009

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e) Total Laryngectomy
   6       -         6       2        2       16

f) Glossectomy
   -       -         1       4        -       5

g) Mandibulectomy
   -       -         1       5        -       6

h) Pedicled Flap repair
   -       -         5       3        -       8
   Pec. Major, Deltopec., Nasolab., etc...

i) Free Flap repair
   1. Radial forearm
      -       2         3       -        -       5
   2. Free Fibula flap
      -       -         1       5        -       6

j) Pharyngeal Pouch surgery
   2       -          -       -        2       4

k) Thyroid surgery
   -       -         14      11       -       25

l) Parathyroid surgery
   -       -         -       -        6       6

m) Carotid body surgery
   -       -         -       -        4       4

PAST FELLOWS REPORT
I have started my fellowship by the 3rd August 2008 at Hull Royal Infirmary. I had a well structured timetable when I started even though this was the first time for HULL to organise such fellowship. The timetable is well balanced as shown between the 3 specialties of ENT/PLASTICS/MaxFax surgery. I also had few visits organized for me to attend clinical sessions with Clinical Oncology department based in Castle Hill hospital.
I had NO on call commitments in ENT, and this posed some financial difficulties initially but I was offered few sessions of after hours waiting list initiative clinics or theatre sessions which compensated for the on call financial deficit very well. Meanwhile, lack of on-call had the benefit of extreme flexibility of my timetable allowing the opportunity to spend un-spoilt quality time in theatre during the long hour cases with no interruption. I also managed to better control and organize my time for my laboratory research or endoscopy lists.
Although I have been in touch with the deanery very shortly after being appointed in April 2008, nearly 3 months before starting. I had difficulty at the beginning when I started, due to apparent delay and confusion of the paper work between London deanery and Yorkshire deanery, and my position remained a vague entity for lots of various people and accordingly I had no pay for the first 2 months!! until things were eventually sorted.
Achievements during fellowship:
1. Clinically, the fellowship has provided ample opportunity of surgical operating, with high quality training and excellent workload of head and neck pathology.

2. I had conducted and led a clinical research that resulted in an accepted oral presentation in Royal Society of Medicine (RSM) in March 2009, looking at acid reflux in Laryngectomy patients.

3. I have finished my training in Upper GI endoscopy and PEG placement, certified by their national training body JAG (Joint Advisory group of Gastroenterology).

4. I have led a laboratory research between HULL university and Dundee university after national ethical approval under the care of Prof. Stafford and Dr. John Greenman, measuring “Interleukins” in head and neck cancer vs. precancerous patients (Dysplasia).

Finally, I have enjoyed my time in HULL thoroughly, and would recommend this fellowship to any colleague who would have interest in getting high quality training in both academic and clinical head and neck surgical oncology.
JOB DESCRIPTION
HEAD AND NECK FELLOW

POST: Head and Neck.
The postholder may be part of the SpR on-call Rota commencing September 2011.

GRADE: MN37

BASE: The Queen Victoria Hospital, East Grinstead with some travel to offsite clinics

QUALIFICATIONS: Applicants must have full General Medical Council registration and a valid UK driving licence. Maxillofacial trainees must also have a registerable degree with the General Dental Council.

APPOINTMENT
This is a ‘hub and spoke’ post and the postholder will be based at the Queen Victoria Hospital but with some clinical sessions duties at offsite clinics in Medway/Dartford/Maidstone. It is essential that the postholder has their own mode of transport and a full clean driving licence in order to attend these clinical sessions. Duties include both theatre and outpatient sessions in the relevant subspecialty as well as a weekly minor operations outpatient session. The successful applicants can partake in second on call rota (1:6) alongside our Specialist Registrars. This is a non resident duty and will also provide support to the ‘Hospital at Night’ team. The full range of Oral and Maxillofacial Surgery is practised and there is ample opportunity to learn from allied specialties.

GENERAL INFORMATION
The Queen Victoria Hospital was built as a community hospital in the 1930s and developed as a specialist unit during World War II. It is a highly successful hospital with an international reputation for providing specialist reconstructive services. The Trust also provides high quality community healthcare services to the local population in East Grinstead and the surrounding area.

The Hospital is a comparatively small NHS hospital with just over 900 staff and a turnover of £51.4m. There are 111 beds serving a population of over four million. The Hospital has a world-class clinical reputation and is the Regional Centre for Burns, reconstructive Plastic and Maxillofacial Surgery, Orthodontics and Corneo Plastic Surgery.

Also on The Queen Victoria Hospital campus is a General Practitioner Unit with 28 beds providing inpatient healthcare for the older person, supported by a range of therapy services. The Minor Injuries Unit is led by emergency nurse practitioners and is supported by nurses and plaster technicians.

There are 18 consultant plastic surgeons, 8 consultant maxillofacial surgeons, 3 consultant ophthalmic surgeons and 17 consultant anaesthetists. The sub-specialities which generate
the most work are head and neck, breast and hand surgery in adults; also surgery in the acutely burned patient and burns-related plastic and reconstructive surgery in adults and children. Specialised trauma, referred from accident and emergency units in the region, constitutes a significant proportion of the overall surgical load.

In addition to the surgeons based at the Queen Victoria Hospital, consultants from hospitals in the surrounding area use this facility to perform day-care surgical procedures in a variety of specialties: General Surgery, Gynaecology, Dermatology, ENT, General Medicine (Cardiology/Chest), Head and Neck Oncology, Orthopaedics, Paediatrics, Rheumatology, Urology and Vascular Surgery, as a service to the local community. The Trust has developed proposals to expand day surgery on site in the near future. There are also treatment rooms for minor plastic and oral surgery procedures.

DEPARTMENT INFORMATION
The Queen Victoria Hospital serves a population of around 3.5 million people. It is the designated Head and Neck surgical centre for the Kent and Medway Cancer Network. It also has links with the Sussex Cancer Network (Brighton) and the Surrey, West Sussex and Hampshire Cancer Network (Guildford).

There are four Maxillofacial Surgeons, three Otolaryngology Surgeons and one Plastic Surgeon with interests in Head and Neck Surgical Oncology and Reconstruction. In addition there are two Maxillofacial and two Plastic Surgery Consultants with specialist interests in the management of skin malignancy.

There are weekly Head and Neck MDTs held in Maidstone and Brighton with a weekly Skin MDT held at QVH. Attendance at the Guildford Head and Neck MDT is as required via a telemedicine link.

There are three full time Head and Neck Oncologist across the MDTs. There are specialist Radiologists for head and neck imaging and there is a visiting Restorative Dentist available to provide dental care for our patients.

The Maxillofacial Laboratory is one of the busiest in Europe and offers a high quality service regarding the provision of maxillofacial prostheses.

The team is supported by two Clinical Nurse Specialists in Head and Neck, plus SALT and dietetic support.

The Fellow will be able essentially to draft their own timetable to fulfil their requirements. This timetable will be based on previous experience and background specialty training. We will be very keen to establish a research component to the timetable of the Fellow. In addition to head and neck oncology surgery, there is also a large practice in benign thyroid and salivary gland surgery.

All head and neck patients are treated surgically at the Queen Victoria Hospital. Patients undergoing benign thyroid surgery are treated at QVH, Medway Maritime Hospital and Maidstone and Tunbridge Wells Trust additionally.

Finally a vast number of patients undergo microvascular surgery at QVH. If a Fellow requires particular experience microvascular surgery, a sub-fellowship could be facilitated.

For further information please contact Loz Newman on 01342 414313 or email laurence.newman@nhs.net

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Operating Facilities
The Queen Victoria Hospital has nine theatres; five main theatres, two day surgery theatres, one minor ops theatre and a Burns Unit theatre.

Major Head and Neck surgery takes place at East Grinstead on all day theatre lists every Monday, Wednesday and Friday.

In addition benign thyroid surgery happens during all day lists on Mondays and Thursdays at Medway Maritime Hospital.

Skin malignancy surgery occurs throughout the week at all sites.

Rota Commitment
Currently the hours of duty are the base working week of 40 hours plus a supplement for on call duties. Hours of duty may be varied prior to commencement of post according to the needs of the service. Any variation will be in line with junior doctor hours and will be notified on appointment or in the Contract of Employment.

The rota commitment is 1:6 non-resident on call which includes for prospective cover for colleagues study/annual leave. This is subject to change in order to comply with European Working Time Directive requirements.

ANNUAL AND STUDY LEAVE
Medical staff are expected to discuss plans for leave with members of their Department well in advance of any proposed leave.

Annual leave entitlement is six weeks for a full year from mid point of salary scale onwards including off duty days, to be taken within the contract period subject to the approval of the Consultant concerned and the exigencies of the service. Leave dates must be notified in writing and agreed with the Rota Co-ordinator at least six weeks prior to requested leave dates.

Study leave may be granted in accordance with the Deanery guidelines. The Clinical Tutor for the Trust is Dr Steve Squires, Consultant Anaesthetist who is supported by specialty Tutors in each of the disciplines. Applications are considered by Dr Squires and, when approved, will carry reasonable expenses, subsistence and course fee reimbursement. Study leave entitlement is currently 30 days per annum, including off duty days. Applications supported by the Consultant should be submitted to the Postgraduate Centre no later than six weeks prior to the dates of the leave proposed. Employees will be informed accordingly via the Postgraduate Centre. Applications will not be considered retrospectively.

TEACHING
Consultant led formal clinical teaching in Maxillofacial, Hand Surgery and Burns Surgery are held weekly at the Queen Victoria Hospital.

In addition to the departmental facilities, the Hospital has its own library which is staffed by a professional librarian and two part-time assistants. In all, there are over 3000 books and 60 current journals. The Library has several PCs connected to the n3 network. Access is available to registered users twenty four hours a day.

There are opportunities for IT training and a broad range of opportunities for other types of learning in the Staff Development Centre, which is in close proximity to the Anaesthetic Department.

There is an excellent Medical Photography department with a slide library housing over 60,000 catalogued slides illustrating surgical, anaesthetic and historical aspects of the hospital. These are available on loan for educational purposes. There are slide-making and video facilities. The Department has recently embraced digital photographic technology, allowing access to many images via the Queen Victoria Hospital Intranet.
The Hospital Medical Director is Mr Ken Lavery.

RESEARCH AND DEVELOPMENT
The Blond McIndoe Centre for Medical Research was founded in 1961 to pursue research relevant to the Queen Victoria Hospital. The centre is now run by a consortium charity, made up of interests from the Queen Victoria Hospital itself, Brighton University, the University Medical School in Brighton and Northwick Park.

At the NHS South East Coast 2008 Best of Health and Health and Social Care Awards, two awards were presented to QVH staff. The ‘Leadership for Improvement’ award went to QVH's consultant corneo plastic and ophthalmic surgeon Sheraz Daya for pioneering developments within the QVH corneo plastic unit and eye bank attracting international recognition. The second award recognised the success of QVH's Telemedicine system which is being used for both diagnosis and treatment of patients in outlying Accident and Emergency departments, minor injuries units and walk-in centres. It enables referring hospitals to instantly send images and clinical information securely to experts at QVH and is also used internally by surgeons to review cases elsewhere in the hospital.

Our Research and Development (RandD) strategy has recently been widened to include a new avenue of research exploring the psychosocial aspects of both trauma and elective surgery. This new emphasis draws on the work of many of the Trust's renowned surgical specialties, and builds on the experience gained in previous successful projects on telemedicine and ‘Returns to Work Following Burns’.

Mr Roger Smith, Consultant Plastic Surgeon, is in charge of Clinical Research.

AUDIT
There is an active audit programme in which all junior doctors are expected to actively participate.

LOCAL FACILITIES
East Grinstead is a pleasant, small country town, in an attractive rural area of the Sussex Weald near Ashdown Forest, within one hour's travel of both London and the South Coast. There are excellent facilities locally for tennis, squash, golf, riding and other sporting activities. An indoor swimming pool and sports centre is nearby in the town, as well as a tennis court in the hospital grounds. The Hospital Social Club arranges regular events and the Surgeon's Mess Committee runs an informal Club which is open to professional staff and their guests on week-day evenings.

STAFF BENEFITS
- Family friendly policies
- Flexible working hours
- Secure cycle racks
- Free on-site Car Parking (deposit of £10, refundable when you leave)
- Subsidised Staff Canteen
- Staff Counselling service
- On-site Occupational Therapy and Physiotherapy service
- Free Internet access for all staff, outside working hours
- All weather Tennis Court / Five a Side pitch
- On-site Cash Dispenser
- Regular in-house Newsletters
- Specially negotiated discounts for QVH staff, including gym membership, entertainment and private healthcare discounts
- Discounts for NHS staff at [www.nhsdiscounts.com](http://www.nhsdiscounts.com)

TERMS AND CONDITIONS OF SERVICE
The appointment will be made under the published NHS Terms and Conditions of Service (England and Wales) and General Whitley Council Conditions of Service.

This appointment is subject to Pre-Employment checks including verification of references,
GMC Fitness to Practice updates, criminal records bureau disclosure, occupational health clearance and immigration status checks.

It has been agreed between the professions and the Department that while juniors accept that they will perform such duties, the Secretary of State stresses that additional commitments arising under this sub-section are exceptional and in particular that juniors should not be required to undertake work of this kind for prolonged periods or on a regular basis.

**Occupational Health**
Evidence must be provided which is acceptable to the Occupational Health Department, that you are not a carrier of Hepatitis B or Hepatitis C. This would normally be a pathology report from a laboratory in the UK or alternatively a report from another NHS Occupational Health Department within the UK. It will not be possible to confirm this appointment unless this condition is met. Before starting work you may therefore need to attend the Occupational Health Department for assessment. If this is not possible, then you must attend on the day you start work.

**Sick Leave**
All absences on sick leave must be reported to the Medical Personnel Department. Full details of the sick leave allowances and the conditions governing the allowances are set out in the Terms and Conditions of Service.

**Infection Control**
All clinicians are expected to set aside sufficient time to proactively manage and control the potential spread of infection and the successful postholder will be expected to comply with Trust Infection Control Guidelines and therefore must attend mandatory Infection Control training and demonstrate good understanding and practice of hand hygiene. Demonstrate good antimicrobial prescribing practice in line with Trust Prescribing Guidelines.

**Criminal Records Bureau Disclosure**
It is Trust policy that in accordance with the appropriate legislation, pre-employment Disclosure Checks are undertaken on all newly appointed Doctors and Dentists. Any person who is conditionally offered this post will be required to undertake a criminal records check in this respect. The successful applicant will be required to complete a CRB Disclosure Check application form and to provide the appropriate documentation. The Criminal Records Bureau is authorised to disclose in confidence to the Trust details of any criminal record including unspent and spent convictions, cautions, reprimands and final warnings. Any information disclosed will be treated in the strictest confidence and all circumstances will be taken into account before any decision is reached.

Applicants should be aware that a refusal to comply with this procedure may prevent further consideration for the post. The Trust undertakes to discuss any matter revealed in a Disclosure with the subject of that Disclosure before withdrawing a conditional offer of employment. Having a criminal record will not necessarily bar an applicant from working with the Trust. This will depend on the nature of the position or circumstances and background of the offence.

**Note:** Failure by an applicant to provide accurate and truthful information is considered to be a serious matter. Where it is found that a person has recklessly provided inaccurate information or withheld information relevant to his/her position, this may disqualify him/her from appointment. It may also result in dismissal or disciplinary action and referral to the appropriate professional registration body.

**Remuneration**
The salary scale for the post is as per national (MN37) salary scales. The notice period for this post is three months.

Relocation and travel expenses are not paid.

The post is pensionable unless the appointee opts out of the scheme or is ineligible to join.
Remuneration will be subject to deduction of pension contributions in accordance with the Department of Health regulations.

**General**

Candidates unable for personal reasons to work full-time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis, in consultation with the Clinical Director.

Where the post holder is required to travel as necessary between hospitals / clinics expenses will be paid. A planned and cost effective approach is expected.

The post holder is required to comply with the appropriate Health and Safety Policies as may be in force.

The person appointed will be indemnified by the Trust for all NHS work undertaken as part of the Contract of Employment.

The person appointed will be encouraged to take out adequate defence cover as appropriate, to provide cover for any work which does not fall within the scope of the indemnity scheme (Contract of Employment).

The person appointed will be a medical practitioner properly registered with the General Medical Council.

The nature of the work of this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of the Offenders Act 1974 (Exemption Order 1975). Applicants are, therefore, not entitled to withhold information about convictions under the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies.

**VISITING**

This can be arranged with Mrs Avis Warburton Pullen, Service Manager Oral and Maxillofacial Surgery, Queen Victoria Hospital NHS Foundation Trust, Holtye Road, East Grinstead, West Sussex, RH19 3DZ. Telephone 01342 414301.

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**Every Trust employee has a responsibility to ensure that in the conduct of their job they observe the following:**

*Please ensure that the most up to date version of these points are included with the job description*

1. This job description is a broad reflection of the current duties. It is not necessarily exhaustive and changes will be made at the discretion of the manager in conjunction with the post-holder. However, the post-holder is required to adopt a flexible approach in order to meet the changing needs of the organisation.

2. Timescales for achievement and standards of performance relating to the duties and responsibilities identified in this job description will be agreed with the post-holder via the annual appraisal process and the relevant job plan review.

3. As an employee of the Trust, the post-holder will have access to confidential information, including person-identifiable data. Under no circumstances should this be disclosed to an unauthorised person within or outside the Trust. The post-holder must ensure compliance with appropriate legislation, most notably, the Data Protection Act (1998), and with relevant Trust policies and procedures, most notably the Information Security Policy (available on the intranet).

4. As an employee of the Trust, the post-holder will be required to adhere to all ratified Trust policies. The Trust recognises the diversity of the local community and those in its employ. Our aim is to provide a safe environment free from discrimination and a place where all
individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day to day operations and has produced an Equality Policy Statement to reflect this. All staff employed by the Trust are required to uphold the principles of the policy.

5. The Trust takes the responsibility in relation to the safeguarding and protection of children, young adults, and adults seriously. In accordance with Working Together to Safeguard Children (HM Government 6a), the Children’s Act 1989, 2004, and No Secrets (DH2000) the Trust supports the belief that child and adult protection and safeguarding is everybody's responsibility and each QVH employee is expected to uphold the legal and local duties in relation to this.

6. Queen Victoria Hospital NHS Foundation Trust is a smoke-free Trust covering Trust premises, grounds, and any Trust owned vehicle. Staff should not smoke during their working hours unless in a designated area and will be protected from passive smoking both in the Trust and whilst making home visits.

7. Every Trust employee has a duty to ensure that the work which they undertake is conducted in a way which is safe to themselves, other employees, patients and members of the general public. If an employee considers that a hazard to health and safety exists, it is their responsibility to report the matter to their Manager and through the Trust's Incident Reporting system. Employees must co-operate with carrying out risk assessments and must adhere to safe systems of work. This includes understanding and adhering to the reporting procedures for clinical and non-clinical incidents/near misses. Employees must attend relevant courses and mandatory updates, take a pro-active role in contributing to risk identification and management and be responsive to lessons learned from incidents and near misses.

8. The post-holder must at all times abide by the professional code of conduct for their profession. Breaches of the code of conduct may lead to disciplinary action.

9. This post may require the post-holder to travel to other sites in the course of fulfilment of their duties.

10. Queen Victoria Hospital NHS Foundation Trust has a no smoking policy.

11. Clinical governance: You will be expected to take part in the processes for monitoring and improving the quality of care provided to patients. This includes risk management and clinical audit. If you engage in clinical research you must follow Trust protocols and ensure that the research has had ethical approval. You will be expected to ensure that patients receive the information they need and are treated with dignity and respect for their privacy.

12. All staff should be aware of their responsibilities and role in the relation to the Trust's Major Incident Plan.

13. Trust Employees are expected to act at all times in alignment with the Trust vision, clearly identifying their own responsibilities in delivering the Trust vision. Employees should honour the Trust's Core Values by demonstrating appropriate behaviours and encouraging this in others. Employees should demonstrate commitment to quality patient care through effective team working.

14. Queen Victoria Hospital NHS Foundation Trust is committed to delivering a high standard of customer care and therefore it is compulsory to have attended an induction training course within three months of your appointment.

15. Every Trust employee has a responsibility to ensure that Trust Infection Prevention and Control Policies are followed at all times by themselves and those working under their management/ supervision. You will work in partnership with the Infection Prevention and Control Team (IPACT) to promote personal responsibility for infection prevention and control amongst all Trust staff with particular reference to the Trust Hand Hygiene Policy and adherence to the Health and Social Care Act 2008. You will be pro-active in identifying, reporting and managing infection control risks in conjunction with the IPACT.

16. Queen Victoria Hospital NHS Foundation Trust manages all research in accordance with the requirements of the Research Governance Framework. As an employee of the Queen Victoria Hospital NHS Foundation Trust you must comply with all reporting requirements, systems and duties of action put in place by the Trust to deliver research governance.
Job Description for the Mersey Head and Neck Fellowship

The Liverpool Head and Neck Oncology Centre is located at the University Hospital Aintree Foundation Trust (UHA). All new Head and Neck Cancer cases are discussed at the Multidisciplinary (MDT) meeting each Wednesday morning. There is also a thyroid and an adult skull-base MDT which runs alongside the main meeting. This is probably the largest MDT in the country with about 450-500 new cases discussed per year. The clinicians attending the MDT can provide all aspects of modern treatment both surgical and oncological.

The Unit serves a population of about 2.4 million and the area has a higher than average number of cases developing Head and Neck Cancer. The multidisciplinary team consists of the following:
- 5 Otorhinolaryngologists Head and Neck Surgeons (ORL)
- 4 Maxillofacial Head and Neck and Reconstructive Surgeons (OMFS)
- 3 Radiation Oncologists
- 2 Neurosurgeons
- 1 Ophthalmologist
- 1 Restorative Dentist with a special interest in oral and Head and neck re habilitation.

Excellent supporting specialists including Speech and Language, Dieticians, Nurse Liaison and Physiotherapy

In surgical terms there is considerable expertise in laser surgery for the larynx, reconstructive laryngeal surgery, endoscopic techniques, microvascular reconstructive options including iliac crest fibula scapula and perforator flap options.

The Academic status of the unit is now enhanced by the appointment of 2 Senior Lecturers (ORL and OMFS) now the principal investigators for the HOPON trial (Hyperbaric Oxygen as prophylaxis to prevent osteoradionecrosis following dental extractions in the irradiated mandible). We are also actively involved in the SEND trial (Neck or no neck for small T1-2 oral cancer) the PETNECK trial (Neck dissection of no neck dissection in oropharyngeal cancer treated by chemoradiotherapy). Other research interests include the Epigenetics of Oral cancer and their role in the prediction of cancer progression from premalignancy

Job Description

The fellow is the senior trainee and is treated as such with the privilege of working where the training is most needed or desired. This may depend on the principal specialty of the trainee but the unit will accommodate a timetable which reflects those training requirements.

There are 4 OMFS and 4 ORL lists per week and skull-base cases are usually done on a Thursday at the Walton Neurosurgery Centre (Aintree site). The MDT is on Wednesday morning followed by the multidisciplinary clinics.
Central Manchester University Hospitals NHS Foundation Trust

Manchester Royal Infirmary/Christie Head and Neck Cancer Centre

Coordinating Surgeon:
Mr Brian Musgrove, Consultant OMFS

Surgeons:
Mr Jarrod Homer, Consultant ORL-HNS
Mr Sean Loughran, Consultant ORL-HNS
Mr Tim Blackburn, Consultant OMFS

General description of service

This multidisciplinary team (MDT) treats all patients with Head and Neck cancer from Central Manchester, East Manchester/Tameside, and the North-West sector of Salford, Wigan and Bolton (1.2M); and selected patients from the entire network and beyond.

The weekly MDT meeting and clinics take place at Christie Hospital. All new patients are seen at Christie before treatment.

All oncologic resection/reconstructive surgery takes place at Manchester Royal Infirmary. Radiotherapy and chemotherapy takes place at Christie Hospital.

The team covers UADT (upper aerodigestive tract) and Salivary Gland malignancies and forms an essential part of the Network Thyroid MDT (hosted at Christie Foundation Trust). The Network Skull base cancer MDT is under the umbrella of the MRI/Christie MDT (details follow).

The core consultant clinicians who form the team are:

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Specialty</th>
<th>Hospital base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr J J Homer</td>
<td>Otolaryngology Head and Neck Surgery</td>
<td>MRI/Christie</td>
</tr>
<tr>
<td>Mr S Loughran</td>
<td>Otolaryngology Head and Neck Surgery</td>
<td>MRI/Hope</td>
</tr>
<tr>
<td>Mr B M Musgrove</td>
<td>Oral Maxillo Facial Surgery</td>
<td>MRI/Wigan</td>
</tr>
<tr>
<td>Mr T Blackburn</td>
<td>Oral Maxillo Facial Surgery</td>
<td>MRI/Wigan</td>
</tr>
<tr>
<td>Mr G Ross</td>
<td>Plastic Surgery</td>
<td>Christie</td>
</tr>
<tr>
<td>Dr N Slevin</td>
<td>Clinical Oncology</td>
<td>Christie</td>
</tr>
<tr>
<td>Dr B Yap</td>
<td>Clinical Oncology</td>
<td>Christie</td>
</tr>
<tr>
<td>Dr J Gillespie</td>
<td>Radiology</td>
<td>MRI/Hope</td>
</tr>
<tr>
<td>Dr S Mak</td>
<td>Radiology</td>
<td>Christie</td>
</tr>
<tr>
<td>Dr S Bonnington</td>
<td>Radiology</td>
<td>Christie</td>
</tr>
<tr>
<td>Dr J Lawrence</td>
<td>Radiology</td>
<td>Christie</td>
</tr>
<tr>
<td>Prof N Thakker</td>
<td>Pathology</td>
<td>MRI</td>
</tr>
<tr>
<td>Dr G Hall</td>
<td>Pathology</td>
<td>MRI</td>
</tr>
</tbody>
</table>
There is an active research program in biomarker discovery and validation and other translational and clinical research based both at Christie/Patterson and MRI.

**SKULL BASE ONCOLOGY**

Within the team is the Network/supranetwork team for skull base cancers. All patients requiring surgery for skull base cancers in the network population (3.5M) come to this team and a number of patients from beyond the network (e.g. N Wales, W Yorkshire, Lancashire). These cancers are generally:

- Sinonasal cancers near to or involving anterior skull base
- Cancers with high infratemporal fossa involvement (eg from pharynx or parapharyngeal space)
- Cancers involving temporal bone.
- Advanced skin cancers with skull base involvement

Skull base cancer team core members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Hospital Base</th>
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</thead>
<tbody>
<tr>
<td>King</td>
<td>Neurosurgery</td>
<td>Hope</td>
</tr>
<tr>
<td>Rutherford</td>
<td>Neurosurgery</td>
<td>Hope</td>
</tr>
<tr>
<td>Homer</td>
<td>ENT (Head and Neck)</td>
<td>MRI/Hope</td>
</tr>
<tr>
<td>Lloyd</td>
<td>ENT (neuro-otology)</td>
<td>MRI/Hope</td>
</tr>
<tr>
<td>Musgrove</td>
<td>MaxFac</td>
<td>MRI</td>
</tr>
<tr>
<td>Blackburn</td>
<td>MaxFac</td>
<td>MRI</td>
</tr>
<tr>
<td>Ross</td>
<td>Plastic surgery</td>
<td>Christie</td>
</tr>
<tr>
<td>Leatherbrow</td>
<td>Oculoplastics</td>
<td>MRI</td>
</tr>
<tr>
<td>Atuallah</td>
<td>Oculoplastics</td>
<td>MRI</td>
</tr>
<tr>
<td>Herwadkar</td>
<td>Radiology</td>
<td>Hope</td>
</tr>
</tbody>
</table>
New cases are discussed at the MRI/Christie MDT meeting. There is then further discussion and clinic appointments depending on exact case requirements (i.e. which specialties are involved).

Intradural surgery takes place at Hope Hospital. Extradural surgery (e.g. sinonasal cancers away from skull base and temporal bone resections) takes place at MRI.

**Interface Fellow: Basic Timetable**

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<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Theatre Loughran</td>
<td>Neck lump/ diagnostic clinics</td>
<td>Theatre Musgrove/ Blackburn</td>
<td>MDT meeting and H&amp;N clinics</td>
<td>Theatre Homer</td>
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<td></td>
<td>All day</td>
<td>ENT or OMFS</td>
<td>all day</td>
<td>Christie</td>
<td>All day</td>
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<tr>
<td>PM</td>
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The basic timetable is as above. It can be tailored to individuals’ requirements.
All operations at MRI or Christie (except intradural skull base at Hope). Benign tumour surgery excluded. Each operation counted once only (no dual classification) except composite figures for total numbers of flaps and neck dissections. Primary Operators; Homer/Musgrove/Loughran (H&N cancer); Homer/Loughran/Parrott/Augustine (Thyroid)

### Head and Neck Cancer surgical resection codes - Primary Tumour

<table>
<thead>
<tr>
<th>A</th>
<th>Oral Cavity Resections</th>
<th>46</th>
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<tr>
<td>A1</td>
<td>Transoral resections (incl partial (inferior) maxillectomy)</td>
<td>22</td>
</tr>
<tr>
<td>A2</td>
<td>Resections requiring mandibulotomy/tongue drop and soft tissue reconstruction</td>
<td>18</td>
</tr>
<tr>
<td>A3</td>
<td>Resections requiring segmental mandibulectomy and bone reconstruction</td>
<td>6</td>
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<thead>
<tr>
<th>B</th>
<th>Oropharynx</th>
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<tbody>
<tr>
<td>B1</td>
<td>Transoral resections</td>
<td>3</td>
</tr>
<tr>
<td>B2</td>
<td>Resections requiring mandibulotomy and soft tissue reconstruction</td>
<td>9</td>
</tr>
<tr>
<td>B3</td>
<td>Resections requiring segmental mandibulectomy</td>
<td>3</td>
</tr>
<tr>
<td>B4</td>
<td>Resections via transcervical approach and soft tissue reconstruction</td>
<td>0</td>
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<table>
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<tr>
<th>C</th>
<th>Larynx/hypopharynx</th>
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<tr>
<td>C1</td>
<td>Total laryngectomy</td>
<td>4</td>
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<tr>
<td>C2</td>
<td>Transoral laser partial laryngectomy</td>
<td>15</td>
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<tr>
<td>C3</td>
<td>Open partial laryngectomies</td>
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<tr>
<td>C4</td>
<td>Pharyngolaryngectomy with flap reconstruction</td>
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</tr>
<tr>
<td>C5</td>
<td>Pharyngo-oesophageo-laryngectomy with gastric transposition</td>
<td>2</td>
</tr>
<tr>
<td>C6</td>
<td>Open partial pharyngectomy</td>
<td>1</td>
</tr>
<tr>
<td>C7</td>
<td>Transoral laser partial pharyngectomy</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Sinonasal/anterior skull base</th>
<th>8</th>
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<tr>
<td>D1</td>
<td>Medial maxillectomy</td>
<td>1</td>
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<tr>
<td>D2</td>
<td>Total/subtotal maxillectomy</td>
<td>3</td>
</tr>
<tr>
<td>D3</td>
<td>Craniofacial resection (Anterior or anterolateral skull base)</td>
<td>4</td>
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</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Other Skull base</th>
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<tbody>
<tr>
<td>E1</td>
<td>Temporal bone resections/infratemporal fossa resection</td>
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<thead>
<tr>
<th>F</th>
<th>Salivary Gland</th>
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<tr>
<td>F1</td>
<td>Parotidectomy</td>
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<tr>
<td></td>
<td>Description</td>
<td>Count</td>
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<td>---</td>
<td>-------------------------------------------------</td>
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<tr>
<td>F2</td>
<td>Submandibular gland excision</td>
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<td>G</td>
<td><strong>Thyroid</strong></td>
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<tr>
<td>G1</td>
<td>Total thyroidectomy (incl completion)</td>
<td>38</td>
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<tr>
<td>G2</td>
<td>Hemithyroidectomy</td>
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<tr>
<td>G3</td>
<td>Re-exploration for recurrent cancer</td>
<td>8</td>
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**COMPOSITE SURGICAL FIGURES: 2007**

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
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<tbody>
<tr>
<td>NECK DISSECTION</td>
<td>120</td>
</tr>
<tr>
<td>MICROVASCULAR FREE TISSUE TRANSFER RECONSTRUCTION</td>
<td>49</td>
</tr>
<tr>
<td>PEDICLED FLAP RECONSTRUCTION</td>
<td>11</td>
</tr>
</tbody>
</table>
Head & Neck Fellowship Job Description for Pennine Acute Hospitals Trust

Pennine Acute NHS Trust formed in 2002 from the merger of 4 separate trusts to make one of the biggest trusts in the UK serving a large population across the North Eastern sector of the Greater Manchester conurbation. Additionally, our service provides Head and Neck oncology in-patient care to a neighbouring trust in Tameside. This summates to head and neck cancer care to a population of more than 1.2 million people from an area representing very high health care needs.

The main in-patient base is North Manchester General Hospital, which is also the site of the MDT meeting and the MDT clinic. All radiotherapy and chemotherapy is at Christie Hospital, although Dr Lee does attend for a weekly clinic during our MDT clinic. The team is supported by 2 Macmillan Clinical Nurse Specialists and a full palliative care team led by two consultants based within the trust.

We have 3 SpRs in OMFS and 1 SpR in ENT, but there is such a volume of oncology work within Pennine Acute that the presence of an Interface Fellow will not in any significant way dilute the training available to existing trainees or the Fellow. The same applies to the placement with Mr Ross (Consultant Plastic Surgeon) at Christie Hospital, a placement that is flexible depending on the training needs of the H&N Fellow. There are currently about 300 new cases discussed at our H&N MDT, with 180 neck dissections, 150 resections, 20 laryngectomies, 25 thyroidectomies, and about 65 microvascular free flap reconstructions. In addition, 19 parotidectomies and 15 submandibular gland excisions were undertaken. We undertake all forms of reconstruction and have a have a restorative dentist to help with planning implant rehabilitation of many of the patients.

We have recently completed our initial 12 months with an Interface Fellow in post. He had a very successful year and has just been appointed to a Head & Neck Oncology (ENT) Consultant post. We are confident that we can continue to provide an exceptional training to trainees from any relevant discipline.

**CURRENT TIMETABLE**

**Monday**
Theatre all day (Mr Baldwin/Mr Katre or Mr Zarod)

**Tuesday**
Theatre all day (Mr Woodwards/Mr Katre or Mr Ross)

**Wednesday**
Theatre all day (Mr Thomson/Mr Katre or Mr Murthy)

**Thursday**
AM – MDT meeting followed by MDT oncology clinic
PM – Diagnostics/Admin/flexible

**Friday**
Study/research/audit

In addition to the above timetable, there is the opportunity to spend time with our oncologist (Dr Lee) in his clinics and to observe the planning of radiotherapy treatment at Christie Hospital. We hold a weekly specialist valve clinic which is run by our Speech and Language team. The post holder would have exposure to Maxillofacial, ENT and Plastics. There is total flexibility in the timetable which can be amended to fit the Fellow’s individual needs.
**MEMBERS OF HEAD & NECK MDT**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr A Baldwin</td>
<td>Consultant Maxillofacial Surgeon</td>
</tr>
<tr>
<td>Mr R Woodwards</td>
<td>Consultant Maxillofacial Surgeon</td>
</tr>
<tr>
<td>Mr E Thomson</td>
<td>Consultant Maxillofacial Surgeon</td>
</tr>
<tr>
<td>Mr C Katre</td>
<td>Consultant Maxillofacial Surgeon</td>
</tr>
<tr>
<td>Mr A Zarod</td>
<td>Consultant ENT Surgeon</td>
</tr>
<tr>
<td>Mr P Murthy</td>
<td>Consultant ENT Surgeon</td>
</tr>
<tr>
<td>Dr L Lee</td>
<td>Consultant Clinical Oncologist</td>
</tr>
<tr>
<td>Dr N Desai</td>
<td>Consultant Radiologist</td>
</tr>
<tr>
<td>Dr S Mathur</td>
<td>Consultant Radiologist</td>
</tr>
<tr>
<td>Dr P Janousek</td>
<td>Consultant Radiologist</td>
</tr>
<tr>
<td>Mr H Nasry</td>
<td>Consultant Restorative Dentist</td>
</tr>
<tr>
<td>Dr I Lawrie</td>
<td>Consultant in Palliative Medicine</td>
</tr>
<tr>
<td>Dr R Hall</td>
<td>Consultant Histopathologist</td>
</tr>
<tr>
<td>Dr B Benatar</td>
<td>Consultant Histopathologist</td>
</tr>
<tr>
<td>Mrs S McCormick</td>
<td>Speech &amp; Language Therapist</td>
</tr>
<tr>
<td>Mrs J Lang</td>
<td>Speech &amp; Language Therapist</td>
</tr>
<tr>
<td>Miss C Hamer</td>
<td>Dietician</td>
</tr>
<tr>
<td>Mrs E Riley</td>
<td>MacMillan Oral Health Practitioner</td>
</tr>
</tbody>
</table>

Pennine Acute Hospitals Trust is presently the highest recruiting trust in Manchester into research trials. The H&N MDT lead the way in Head & Neck trial recruitment across Greater Manchester and Cheshire. We are currently involved in SEND trial, PETNECK study, QoL questionnaire study, plus others.

For any further details or discussion, please contact Mr Andrew Baldwin (Consultant Maxillofacial Surgeon, and Lead Clinician for Head & Neck MDT) on 0161 720 2657

**Report from Past Fellow:**

RE: Training Interface Group of the Joint Committee on Surgical Training (TIG-JCST) fellowship in advanced Head and Neck surgical oncology at North Manchester General Hospital (NMGH) and the Christie Hospital. April 2010-April 2011

I have completed the Training Interface Group of the Joint Committee on Surgical Training (TIG-JCST) fellowship in advanced Head and Neck surgical oncology at North Manchester General Hospital (NMGH) and the Christie Hospital, April 2010-April 2011. During this period, I have been provided with every opportunity to gain further knowledge, skills and training in the fields of surgical and clinical work, clinical audit, teaching, clinical governance, management activities and administration.

My post involved assisting with the provision of high quality clinical services for head and neck cancer patients. I actively participated in the weekly head and neck cancer MDT meetings at North Manchester General Hospital and the Thyroid MDT meeting at the Christie which is held every two weeks. I presented cases and was actively involved in the decision making discussions. The Head and Neck department at NMGH is a busy unit covering over a million population of North Manchester and the Pennines, with around 250 new cases of head and neck cancer per annum. The post provides ample opportunity of surgical operating, with high quality training and excellent workload of Head and Neck pathology.
My weekly commitments include 6-8 theatre sessions per week (including 1-2 days with three sessions per day on many weeks), weekly head and neck MDT meeting, Head and neck oncology clinic, and daily ward rounds.

My training in Head and Neck has been considerably enhanced by my role as a fellow at North Manchester and the Christie Hospitals for twelve months. I was always treated as a senior trainee with the privilege of working where my training is most needed or desired, in an environment with considerable expertise in open and reconstructive techniques. During the fellowship I have received excellent advice and guidance from my trainers on many areas including advanced surgical techniques, dealing with challenging clinical situations, the effective running of the MDT, and career advice which I am now finding very useful in my current role as a consultant Head and Neck Surgeon. I was constantly encouraged to make full use of my time in the fellowship, which I did, with no pressures to be involved in any departmental service commitments.

The post is heavily theatre based, and provides a wide exposure to complex head and neck resection and (micro-vascular) reconstruction procedures, and the daily management of the patients afterwards. Regular and active participation in specialised head and neck MDT meetings and clinics involving ENT, OMFS and plastic surgeons, oncologists, pathologist, radiologists and other professionals provided me with valuable experience in dealing with difficult management issues in H&N cancer.

I have been a clinical resource and a primary contact point for the allied health professionals and MDT coordinator helping to supervise, assist, advice, and facilitate and manage problems as they arise, and I have learned so much from my contact with all those other professionals. The chemo-radiotherapy treatment is administered at the Christie Hospital, where I attended to gain a deeper knowledge and understanding of the current non-surgical aspects of H&N cancer in all aspects, including chemotherapy regimes, radiotherapy planning, especially IMRT, and the latest H&N related research trials. I also took part in weekly theatre sessions with the Plastic Surgeons at the Christie hospital where I practiced many new resection and reconstruction techniques, especially in relation to skin cancer in the head and neck region and facial reanimation surgery.

Ala Jebreel MSc (Sheff), FRCSED (Orl-hns) DOHNS MBBS
The Newcastle Hospitals NHS Foundation Trust

Freeman Hospital, Newcastle upon Tyne/Sunderland Royal Hospital

Coordinating Surgeon:
Mr Andrew Welch
Consultant Otolaryngologist/Head and Neck Surgeon, Freeman Hospital

General description of service

The post is heavily theatre based and provides a wide exposure to a large number of extirpative and reconstructive procedures for benign and malignant conditions of the upper aerodigestive tract and thyroid.

At the Freeman Hospital training opportunities are provided by Otolaryngology/Head and Neck Surgery, Maxillofacial Surgery, and Plastic Surgery Departments. At Sunderland Royal there is no on-site Plastic Surgery Department.

It is acknowledged that the Fellow has sufficient flexibility to attend whichever operating sessions and clinics that are appropriate to further their training. There is considerable flexibility possible relating to base speciality requirements.

The Fellow is expected to assist in managing in-patients whom they have been involved with and also to have an overall view of all the head & neck patients in the unit. There is a weekly MDT at which the Fellow is expected to present cases and be involved with decision making discussions. Also, it is expected that the Fellow supports the Allied Healthcare Professionals and the Head & Neck Co-ordinator to help facilitate management of problems as they arise.

At the Freeman Hospital there is a weekly Head and Neck MDT and in addition a fortnightly Thyroid MDT. The Fellow is also expected to participate in Head and Neck CWT Clinics at least once a week. There are no additional clinic commitments at Sunderland Royal.

During a calendar year, 9 months is spent at the Freeman Hospital and 3 months at Sunderland Royal. Both units are well run, busy, modern head and neck departments fully equipped to a high standard and aided by excellent support services such as Radiology, Histopathology, Restorative Dentists, MacMillan Clinical Nurse Specialists, Speech & Language Therapists and Dieticians.

Fellows are actively encouraged to not only develop their own skills but also to supervise junior trainees when appropriate. This is essential to further their own teaching and training skills, which we consider a vital quality in Head and Neck Surgeons.

High quality mentoring and support is continuously available.
Oxford Radcliffe Hospitals NHS Trust

Clinical Fellow in Interface Head & Neck

Coordinating Surgeon:

Mr Graham Cox
Consultant ENT/Head and Neck Surgeon

Base Hospital: John Radcliffe

DUTIES OF THE POST:

Aims and responsibilities of the post:
To gain competency in resection and reconstruction for cancer of the Head and Neck and the holistic care programme for the Head and Neck programme.

Clinical:
To be involved in the daily management of Head and Neck patients, attendance at outpatient clinics and theatre and MDT meetings.

Weekly Timetable (flexible):

Monday:  
am    Ward round, clinical ENT GC 3J4J, clinic OMFS SB, clinic oncology/radiotherapy planning  
        pm    Preoperative ward round, study, clinic oncology/radiotherapy planning

Tuesday:  
am    Ward round, Theatre ENT, clinic OMFS
        pm    Theatre ENT/Plast
        eve   Theatre ENT/Plast

Wednesday  
am    Ward round, Theatre ENT/Plast, Theatre CAM/Plast, Theatre OMFS, clinic oncology/radiotherapy planning, clinic CAM skull base 1
        pm    Theatre ENT/Plast, Theatre CAM/Plast, Theatre OMFS, clinic oncology/radiotherapy planning

Thursday  
am    Ward round, clinic ENT RC 2RA, 3RA, 4J
        pm    MDT/study

Friday  
am    Ward round, Theatre Plast, Theatre OMFS
        pm    Theatre OMFS

Facilities for Study and Training:
Good library facilities are available at The John Radcliffe and at other libraries in the Central Oxford Hospitals.

Teaching, Audit and Research:
The fellow may be expected to participate in teaching of the specialist registrars and occasionally other medical and non-medical personnel. Participation in audit is required. There should be some opportunities for research during the appointment.
Coordinating Surgeon:
Mr Thomas Westin  MD PhD FRCS
Consultant ENT Surgeon

Please note this is a new centre approved by the Training Interface Group in Head and Neck Surgical Oncology.

Sample job description

For OMFS Fellow

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<tr>
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Monday MDT and Oncology joint clinic

Friday afternoon study