

So you want to be ... an otorhinolaryngologist

Ear, nose and throat surgery (ENT), now referred to as otorhinolaryngology, head and neck surgery (ORLHNS), offers a multitude of opportunities and has been described as having all surgical skills under one umbrella. Open surgery of the salivary and thyroid glands, reconstructive surgery and free flap surgery following excision of head and neck cancer, skull base surgery, microsurgery of the middle ear, endoscopic sinus surgery, facial plastics, functional and aesthetic nasal surgery, phonosurgery and the advances of lasers and navigational surgery are all included within ORLHNS.

There are approximately 565 consultants and 276 specialist registrars in the UK. The ability to treat both adults and children and the interest of liaising with many other specialties are major attractions. 'On call' is generally not too onerous compared with other surgical disciplines.

Most clinics are equipped with endoscopes, microscopes with camera equipment that enhance the appeal of diagnostic work. Interaction with audiologists over complex electrophysiological hearing and balance tests provide further interest. Surgical skills include manual dexterity for open surgery and the ability to operate with a microscope or an endoscope. (The early innovation and development of the operating microscope and the endoscope took place in otorhinolaryngology.) There is a strong academic element, particularly in head and neck cancer, with recent advances in molecular biology and tissue engineering.

The specialty demands hard work and dedication but rewards are plentiful and patients are often very appreciative. Good communication and listening skills are important in outpatient clinics and a good investigative mind is a huge asset in solving many of the more challenging problems.

Mr Andrew C Swift is Consultant Ear, Nose and Throat Surgeon in the Department of Otorhinolaryngology/Head and Neck Surgery, University Hospital Aintree, Liverpool L9 7AL

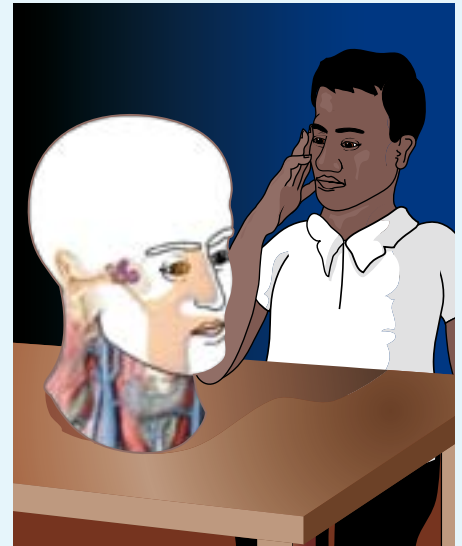
The career pathway

Career pathways are rapidly changing with the introduction of Modernising Medical Careers. A foundation year 1–2 (F1/F2) job that rotates into ENT would be ideal but is not essential. Trainees will enter basic otolaryngology training by open competition from F2 and will learn the required basic specialist clinical and surgical skills. On completing basic training and passing the membership of the Royal College of Surgeons (MRCS) with an ENT module in the basic sciences, they will proceed into higher training culminating in the certificate of completion of training (CCT). The latter may be deferred to incorporate super-specialty training that will be acknowledged by an appropriate entry on the specialist register.

Specialty training levels will be competency-based rather than time-based, and continue for those undertaking training in the generality of the specialty until ST6, with an extra 1–2 years for those undertaking super-specialization. For those doctors not wishing or not able to pursue full training to attain a consultant post there is the option of becoming a staff grade or an associate specialist. However, discussions are still ongoing as to the final format of these alternative career structures.

Postgraduate examinations

With the creation of the postgraduate medical education and training board there is a lot of uncertainty regarding the role of examinations. At present, entry into a specialist training scheme requires the MRCS although this is about to change. The new curriculum is currently under development and the MRCS (ORL) will become one of the elements of summative assessment at the end of basic training. The next hurdle is the final intercollegiate specialty exit examination leading to the qualification of Fellow of the Royal College of Surgeons, taken during year ST5/6. The relatively new diploma of otolaryngology, head and neck surgery (DOHNS) has been established over the last couple of years and may be sat after 6 months' experience in the specialty.



Continuing medical education

ORLHNS has many educational opportunities with excellent regional training courses, and national/international courses and conferences. There are also opportunities to travel and spend part of the training period abroad and such periods are encouraged.

Final advice

If you would like to consider career opportunities in ORLHNS you should talk to your local specialists and ideally arrange some ENT experience. Hopefully this will encourage you to go further. Competition will be high but the rewards will be worth it. Helpful advice is available from the ENTUK (www.entuk.org). **BJHM**

The author would like to thank Mr Kevin Gibbin, Chairman of the Specialist Advisory Committee in Otorhinolaryngology and Consultant Ear, Nose and Throat Surgeon, Queen's Medical Centre, Nottingham, for his comments and advice regarding the manuscript.

KEY POINTS

- Ear, nose and throat surgery has become otorhinolaryngology, head and neck surgery to reflect the diversity of the specialty.
- The specialty is relatively small and cohesive, and offers a wide range of surgical skills as well as work with both children and adults.
- Good liaison exists with colleagues from many other specialties.
- The training schedule is currently the same duration as other surgical disciplines.
- There are good opportunities for academic work to be done by interested trainees.
- There is excellent support for continuing medical education.