Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

RCSI SURGICAL AFFAIRS

# COVID Era Post-CSCST Fellowships Head & Neck Surgical Oncology Fellowship July 2021

*The Health Service Executive, in partnership with the Postgraduate Training Bodies, have established a number of Covid Era Post CSCST Fellowships to commence in July 2021 in key areas of need within the Health Service.*

**Applications for a *COVID Era Post CSCST* Fellow in Head & Neck Surgical Oncology are now open.**

**Details on Fellowship are outlined below**

| Fellowship Details | | | |
|---|---|---|---|
| Fellowship Title: | Head and Neck Surgical Oncology Fellowship | | |
| Sub-Specialty area: | (This is a sub-specialty area of both Otolaryngology and Maxillofacial Surgery) | | |
| Duration of Fellowship: ( it is expected that most fellowships will be of a 12-month duration, however Fellowship proposals up to 24 months will be considered if funding has been identified) | 12 Months | | |
| Main training site: | St. James's Hospital, Dublin | | |
| Associated sites : | | | |
| Category: | Surgery | | |
| Clinical Component: | Head and Neck Surgical Oncology Training | | |
| Non-Clinical Component: | Audit, Research, Teaching | | |
| Primary Clinical Lead | | | |
| Surname: | Lennon | | |
| First: | Paul | | |
| Mobile telephone number: | | Other telephone number: | |
| E-mail address: | plennon@stjames.ie | | |
| **OTHER CONSULTANT TRAINERS WHO WILL TEACH OR SUPERVISE THE FELLOW ( e.g. Assigned Supervisor)** | | | |
| Title of Consultant Trainer 1: | Prof | | |
| Surname: | Timon | | |
| First name: | Con | | |
| E-mail address: | | | |
| Title of Consultant Trainer 2 | Mr | | |

| | |
|---|---|
| Surname: | Kinsella |
| First name: | John |
| E-mail address: | |
| Title of Consultant Trainer 3 | Mr |
| Surname: | O'Ceallaigh |
| First name: | Padraig |
| E-mail address: | padraigp@icloud.com |
| **OTHE RELEVANT CONTACT DETAILS** | |
| MR PAUL LENNON, CLINICAL LEAD ENT, HEAD AND NECK SERVICE, ST JAMES HOSPITAL<br>MR GERRY KEARNS, CLINICAL LEAD ORAL AND MAXILLOFACIAL SUREGRY ST JAMES HOSPITAL | |

## BACKGROUND AND RATIONALE FOR THE FELLOWSHIP POST

**Please outline the rational to the fellowship post, See Sections 1.7, 1.9, 2.2.1, 2.2.3 on the Criteria and Standards document.**

Head and neck cancer is an umbrella term which includes mouth or oral cancer; salivary gland cancer; pharyngeal or throat cancer, incorporating nasopharyngeal, oropharyngeal and hypopharyngeal cancers; laryngeal cancer; and nasal or paranasal sinus cancer. The term is also applicable to thyroid cancer, cancers of the cervical oesophagus, cancers of unknown primary that first appear in the head and neck, and cancer in the skin of the head and neck in the context of high risk and advanced skin cancer.

A 2016 audit of Head and Neck Cancer in Ireland, demonstrated that St. James's managed 33-43% of the total national number of such patients in the country, and a very high number of the most complex cases. Patients with Head and Neck Cancer in St. James's hospital are managed by both the Otolaryngology and the Maxillofacial teams, often working closely together, and attend the same weekly multidisciplinary team meeting. St. James's hospital acts as the hub for Head and Neck Cancer, with patients often diagnosed and/or treated in spokes such as Royal Victoria Eye and Ear Hospital (RVEEH), Dublin Dental Hospital, Tallaght University Hospital, Tullamore Hospital and St. Luke's in Rathgar, as well as operating as a de facto national tertiary and quaternary referral centre. However all major surgical resections are carried out in St. James's Hospital.

A fellowship provided by both the ENT and Max-Fax would give the successful candidate a unique experience in Ireland, as no such fellowship currently exists. It would equip them with the knowledge and skill to manage these complicated patients independently and collaboratively as part of the St James Head and Neck Oncology Multidisciplinary Team and Service.

From a substantive consultant post point of view, there are currently two consultant vacancies in the Maxillofacial team, and soon to be one in the ENT team, where a Head and Neck Fellowship would be a pre-requisite for application. This collaborative Fellowship will not only provide a trainee with a unique opportunity to obtain a high level of clinical, research and audit exposure but also will permit the Head and Neck Oncology Service to succession plan the clinical service and fill consultant vacancies thus providing ongoing continuity of care to patients.

## AIMS, CURRICULUM AND LEARNING OUTCOMES

**Please outline the aims, curriculum and learning outcomes of the fellowship, See Sections 1.2, 1.3, 1.4, 1.11, 1.12, 1.13, 2.2.5, and 2.4 on the Criteria and Standards document.**

The fellowship aims to provide intensive hands-on surgical training in complex ablative head and neck oncologic surgery and minimally invasive techniques. This includes composite resection of tumours of the oral cavity and oropharynx, excision of advanced skin cancers, salivary gland tumours, early and advanced laryngeal and hypopharyngeal cancers, parapharyngeal space tumours, advanced thyroid cancers, trans-oral laser microsurgery, and endoscopic skull base surgery. Local flaps and reconstruction are performed by the Head and Neck Service while microvascular reconstruction is performed by members of the Plastic Surgery team.

The clinical rotation consists of a 12-month period wherein fellow is responsible for preoperative and postoperative patient care and are involved in surgical operations under the direction of the consultant surgeons. A fellow would be expected to perform 200 to 300 procedures during the clinical year.

In addition, there are numerous academic rounds in which the fellow is expected to participate and present. There are a number of outpatient clinics specialising in oncological patients and again the fellow is expected to attend in these.

**The duties and responsibilities of the fellow would include;**

- Participate in outpatient clinics pertaining to the head & neck.
- Participate in surgical procedures pertaining to the head & neck.

- Completion of at least two clinical-oriented research projects that results in peer-reviewed publications
- Attend and contribute to the weekly Head and Neck MDT
- Present at least one Grand Rounds per year related to the Head and Neck Program
- Present a seminar on a relevant topic the first Wednesday of each month to the ENT/Max-Fax trainees

**Relevant topics include**

- Management of the neck in Oral Cavity Cancer
- HPV in Head and Neck Cancer
- Free flap reconstruction in Head and Neck Cancer
- Pedicled flap reconstruction in Head and Neck Cancer
- Bone tumours of the Head and Neck
- Radiotherapy in Head and Neck Cancer
- Chemotherapy/Immunotherapy in Head and Neck Cancer
- Salivary Gland Malignancies
- Cutaneous malignancies of the Head and Neck
- Management of Laryngeal Cancer
- Management of Hypopharyngeal Cancer
- Rehabilitation(Speech and Swallow) following Head and Neck resection

The Fellowship learning outcomes would include independent surgical management of common procedures such as neck dissection, resection of oral tumours, and tracheostomy, but also the knowledge of staging (AJCC 8) and treatment guidelines (NCCN and UK Head and Neck Guidelines) to allow the fellow to actively participate in MDT discussion. The fellow should also be able to manage patients post-operatively, including complications of surgery and radiotherapy.

## UNIQUE LEARNING OPPORTUNTIES

**Please provide details of how the fellowship will protect/prioritise the unique learning requirements of the fellow (marks):**

The fellow will be exposed to the largest number of Head and Neck Cancer patients in the country. They will have the unique experience in this country of working with both Otolaryngologist and Maxillofacial surgeons who manage these patients. This is an innovative and unique surgical collaboration within the Health Service.

The fellow will have a status that will allow them to choose the surgical procedures they participate in, allow them to train more junior surgeons and manage complex patients almost independently as their experience progresses throughout the fellowship training period.

The collaborative exposure to both the Otolaryngology / Head and Neck Service and the Maxillofacial Surgery Service in terms of surgical clinical activities, research, audit and teaching, together with the integrated involvement with the Head and Neck Oncology MDT including Radiation Oncologists, Radiologists, Allied Health Professionals, including Speech and Language Therapists, Nutritionists and Clinical Nurse Specialists will result in a well-rounded and highly trained surgeon, trained to a level where they can become an independent and collaborative member of the MDT. This training opportunity is without parallel.

The Trinity Cancer Institute, based at St James is also uniquely positioned to provide research support and collaboration for this Fellowship Programme.

## DETAILS OF THE CLINICAL COMPONENT

**Please provide full details of the clinical components of this post. See Section 1.4 on the Criteria and Standards document.**

Proposed weekly schedule
Twice daily wards rounds with team

**Monday**
Head and Neck MDT
Theatre – All day (ENT)
Alterative - ENT OPD AM Head and Neck Clinic

**Tuesday**
Theatre – All day (ENT)
Alterative - ENT OPD PM Head and Neck Clinic

**Wednesday**
Rapid access Head and Neck clinic- AM
Alternative – OMFS Clinic
PM- Research time

**Thursday**
Theatre – All day (ENT x 2)

**Friday**
Weekly ENT grand rounds
Theatre – All day (OMFS)
Alterative - ENT OPD PM Head and Neck Clinic

## INDICATIVE CASE NUMBERS TO BE COMPLETED DURING THE FELLOWSHIP

| PROCEDURE NAME | No. As Primary Operator | No. As Secondary Operator |
|---|---|---|
| Neck Dissection | 50 | 50 |
| Oral Cavity Resection | 20 | 20 |
| Tracheostomy | 50 | 25 |
| Laryngectomy/Pharyngolaryngectomy | 10 | 10 |
| Pedicled flap reconstruction (Pectoralis major flap) | 10 | 20 |
| Mandibulotomy/Mandibulectomy | 10 | 10 |
| Salivary gland excision (Parotidectomy/Submandibular gland resection) | 25 | 25 |
| Resection of cutaneous malignancies | 20 | 10 |
| Fine needle aspiration (OPD) | 30 | 10 |
| Panendoscopy | 30 | 10 |
| Microlaryngoscopy/Direct laryngosopy | 30 | 10 |
| Flexible pharyngolaryngoscopy (OPD) | 100 | 10 |
| Tonsillectomy (Diagnostic) | 10 | 10 |
| Excision of lymph node (diagnostic) | 10 | 10 |
| Vocal Cord medialisation | 10 | 10 |

| | | |
|---|---|---|
| Craniofacial Implant Placement for Orbital Nasal Ear Reconstruction | 10 patients | 10 patients |
| Maxillectomy | 10 | 10 |
| | | |
| | | |
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## ASSESSMENT

**Please include details of the assessment framework and methods that will be used to assess the fellow's satisfactory performance in training, including how this will be recorded and fed back to the fellow.**

We would aim to meet the fellow on 3 separate occasions as a consultant training group. In this era of COVID 19, these would entail a video conference calls between the fellow and the trainers. The first would be an introduction meeting to outline the goals of the fellow and the expectations of the trainers. This should occur within the first two weeks of the fellowship. The second or interim meeting should occur in early December to assess progress of the fellow and to allow for deficiencies in training to be highlighted. The third of final meeting should occur approximately 6 weeks before the end of training to ensure that the fellow has completed their training in a satisfactory manner and equipped to act as an independent head and neck surgeon.

## AUDIT & QUALITY IMPROVEMENT OPPORTUNTIES

**Please outline any quality improvement opportunities that will be available to the fellow when undertaking the fellowship. (marks)**

We have recently developed a ERAS (Enhanced recovery after Surgery) protocol for Head and Neck cancer patients. This is a quality improvement program that should improve post-operative patient care. This should be implanted over the coming months. This provides the fellow with an excellent opportunity to audit this protocol and use for our patients. As this would be unique to Ireland, we expect that should an audit could also be published in a Head and Neck journal.

We are also developing electronic recording of MDT outcomes to allow improved data capture. The fellow could assist in this project to further its implementation and/or audit its use at MDT.

A Head and Neck rapid access clinic is being established to allow patients with suspicious signs or symptoms of Head and Neck cancer to be seen in a timely fashion. Again the fellow could assist in the establishment of the clinic, or more likely as we expect it to be up and running in the coming months, to audit the patients that are assessed there.

Audit on Quality of Life aspects for patients undergoing craniofacial implant placement and nasal, eye and ear reconstruction

The fellow could be involved in all these projects, and in some cases as a supervisory roles to assist more junior doctors.

## TEACHING COMMITMENTS

**See Section 2.1.3 on the Criteria and Standards document.**

As the senior member of the team, the fellow would be expected to regularly teach more junior members of the team, informally during rounds, technical skills intraoperatively and at a number of regular formal occasions.

These formal occasions include

ENT national grand rounds- attend weekly, and present on at least one occasion during the year
St. James's Grand rounds- attend weekly, and present on at least one occasion during the year

Monthly seminars inhouse to the junior ENT/Max Fax trainees (First Wednesday of the month)- to be given by fellow
Monthly Journal Club inhouse with junior ENT/Max Fax trainees (First Wednesday of the month)- to be organised and led by fellow,

Attendance and presentation at a number of national and potentially international meetings, including
Irish Otolaryngology Society (IOS) meeting
Royal Academy Medicines Ireland (RAMI) meetings– ENT section
Charter day meeting- RCSI
Sylvester O Halloran RCSI Meeting
British Association of OMFS Meeting
American Association of OMFS Meeting

International Academy of Oral Oncology (IAOO)- World Congress March 2022
American Head and Neck society (AHNS) meeting – July 2022

## PROPOSED RESEARCH PROJECT

**See Section 1.5 and 2.1.3, on the Criteria and Standards document.(marks)**

1. A prospective study on digitally planned oral cavity reconstruction with concurrent dental rehabilitation.

To explain- when a bony reconstruction is required for an oral cavity malignancy, these are often digitally pre-planned to improve outcomes. Cutting guides and plates are manufactured on a patient by patient basis using computer aided design. These procedures are now regularly performed in St. James. The next step in the evolution of patient care is dental implant placement at the time of reconstruction, and for this to be digitally planned. We are to commence such procedures in the near future. This should greatly improve patient quality of life, as they will not have to wait many months following their surgery, and often radiotherapy to have dental restoration. To verify the improvement in quality of life, we plan to prospectively follow such patients and compare them to patients undergoing similar procedures but do not get immediate dental restoration.

A further potential project would include

2. "Impact of Implant Supported Craniofacial Reconstruction of Nose Ear and Eye on patient quality of life. This would be a longitudinal study using validated quality of life questionnaires pre and post reconstruction to clarify the potential quality of life benefits for patients following reconstruction"

## AVAILABLE INFRASTRUCTURE AND SUPPORT SERVICES

**See Section 2.1.3, 2.1.7, 2.3.1 on the Criteria and Standards document.**

The fellow will have access to educational facilities in St. James's, including library and IT resources, for personal study, audit, and research. Each Wednesday afternoon should be dedicated such work, as there are no clinical commitments at that time.

## OUTLINE HOW THIS POST CSCST Fellowship would provide a quality experience, protected training time & less focus on service delivery commitment (marks)

This post would be supernumerary to our current team of registrars. The day to day management of that team and the patients would still be carried out in the main by the registrars, led by a senior registrar in their final years of training. The fellow would be expected to have a detailed knowledge of the patients and their pre and postoperative care, but the senior registrar would still be expected to oversee the inpatient management of patients. The fellow would act as support for the senior registrar, more akin to a junior consultant. This should allow the fellow to focus on their training, whilst maintaining a clinical commitment to the team and knowledge of the patients.

## EVALUATION AND FEEDBACK

**How do you plan to provide relevant feedback and evaluation of the Fellowship Post to the College?**

At six months and at the end of the fellowship, we will ask the fellow to present a summary of their training in-house in a short 10-15 minute presentation, including a summary of their surgical logbook, their audit and research achievement and their own evaluation of the fellowship, it strengths and shortcomings. This could be provided to the college, as a presentation or in written form.

**Signature of the Clinical Lead/Assigned Supervisor** (electronic signature is acceptable)

**Paul Lennon**