

# TRAINING INTERFACE GROUP IN HEAD AND NECK SURGICAL ONCOLOGY

## HEAD AND NECK SURGICAL ONCOLOGY CURRICULUM

### CORE CURRICULUM

**The emphasis within the core curriculum will vary according to parent specialty but should include as much as possible of the following:**

1. Basic sciences in relation to cancer in general and head and neck cancer in particular: includes aetiology, epidemiology, pathogenesis and molecular biology.
2. Anatomy, physiology, pathology, and microbiology of the head and neck region.
3. Ability to take an adequate history and carry out a complete physical examination of the head and neck region.
4. Ability to initiate and interpret appropriate investigative techniques for the diagnosis of head and neck tumours: includes examination under anaesthetic, endoscopy, biopsy techniques (FNAB, tru cut open biopsy) and clinical imaging.
5. A working knowledge of multi-disciplinary teams: includes multi-disciplinary clinics, the development of inter-personal skills with cancer patients, and the inter-relationship with speech and language therapists, dental and prosthetic care, physiotherapists, dieticians, psychologists, nurse counsellors, specialist pain services and palliative care.
6. Principles of management of head and neck tumours: includes surgery, radiotherapy, chemotherapy, combined modality treatments and disease specific treatments.
7. Understanding the limitations, complications, and morbidity associated with the above treatments.
8. The principles and practice of surgical management:
  - surgery for access, including osteotomy and osteosynthesis techniques
  - excisional/ablative surgery, including regional nodes
  - reconstructive surgery, using pedicled and free flaps
  - pre- and post-operative care including tracheostomy and airway management and intensive care management
9. The principles and practice of rehabilitation: includes restorative dental techniques, oral facial prostheses, speech rehabilitation, swallowing and nutrition.
10. Data Management
  - understanding of data sets
  - understanding of outcome measures

## ADVANCED TRAINING

### YEARS 5 AND 6

The core curriculum will have given the trainee a basic knowledge and this curriculum should continue and expand through years five and six. Additional to this is a curriculum designed to improve clinical skills and develop competency in head and neck surgical oncology. Any competencies listed in the core syllabus which have not been achieved in years 1-4 must be achieved in years five and six.\*

\* Detailed competency documents are being developed by each specialty for SpRs in both Years 1-4 and 5-6.

#### **1. Investigation and diagnosis of head and neck tumours.**

Essential competencies to include:

- clinical assessment of the patient
- endoscopy, examination under anaesthetic, biopsy techniques, interpretation of common imaging modalities eg CT, MRI and US.
- a detailed knowledge of diagnostic protocols to establish extent, and staging of disease
- Participation in data collection, analysis, audit and research

#### **2. Surgical skills – generality of head and neck surgical oncology**

Essential competencies to include

- Surgical access techniques including osteotomy, and osteosynthesis
- Microsurgical skills
- Neck dissection – radical, MRND (I-III) and selective neck dissections
- Use of lasers
- Minimally invasive techniques
- Excision and ablative techniques
- Reconstructive techniques
- Palliative surgical techniques

#### **3. Surgical skills – site specific**

Competencies to include:

##### Lip

Direct closure

Local and distant flaps

##### **Oral cavity/Oropharynx**

Access surgical techniques

Excisional surgery including management of the jaws

Reconstruction

Laser techniques in the mouth

Interstitial radiotherapy techniques

### Nasopharynx

Access surgical techniques  
Excisional surgical techniques  
Reconstruction  
Interstitial radiotherapy surgical techniques

### Larynx

Endoluminal laser excision  
Conservative and radical laryngeal surgery  
Surgical techniques for speech and swallowing rehabilitation

### Hypopharynx

Total pharyngectomy  
Partial pharyngectomy  
Reconstruction  
Endoluminal laser techniques

### Salivary gland tumours

Surgical excisional techniques for major and minor salivary gland tumours  
Reconstructive techniques including management of related nerves

### Neck Disease

Radical neck dissection  
Selective neck dissections  
Management of bilateral disease  
Dissecting the irradiated neck  
Reconstruction  
Interstitial radiotherapy techniques

### Ear and temporal bone tumours

Approaches  
Excisional surgical techniques  
Reconstruction

### Skull base tumours

Approaches  
Excisional surgical techniques  
Management of intracranial disease  
Reconstruction

### Paranasal sinuses

Access surgical techniques  
Excisional surgical techniques  
Management of orbital and cranial extension  
Reconstruction  
Prosthetic techniques

### Advanced skin tumours

Excisional surgical techniques  
Reconstruction

## **Reconstructive techniques**

Essential components should include the principles and practice of:

Grafts (various)

Local flaps

Regional flaps

Microvascular free tissue transfer

Prosthetic rehabilitation including:

- Obturators
- Speaking valves
- Osseointegrated implants
- Orofacial prostheses

## **4. Non surgical management**

- Radiotherapy  
Planning and schedules  
Variants eg external beam – electrons  
Interstitial  
Limitations  
Morbidity
- Chemotherapy  
Pharmacological actions  
Planning and schedules  
Limitations  
Morbidity
- Combined modality
- Palliative treatment  
Pain control  
Nutrition  
Counselling and support
- Terminal care

## **5. Surgical management of site specific complications**

## **6. Recurrent disease**

Essential competencies should include

- Follow up protocols
- Investigation and diagnosis of recurrent disease
- Management of recurrent disease
- Data collection and analysis