

Introduction

The fellowship programme is run through the Joint Committee on Surgical Training (JCST).

Fellowship posts are open to all higher surgical and where appropriate, non-surgical Fellows, that meet the person specifications. Details of eligibility are found through the <u>JCST</u>.

Any unit applying to host Training Interface Group Fellows must have trainer representation from all parent specialties.

Applicant units are required to be able to deliver the <u>TIG curriculum</u> and adhere to the <u>quality indicators (QIs)</u>.

The data included in the form below is an extract of the data submitted by the unit in their application to become a TIG unit.

Unit Lead Trainer:

Name	
Bara El-Khayat	

Local Educational Provider (LEP)

Main hospitals/trusts involved with teaching (base units):

	Hospital/Trust A	Hospital/Trust B	Hospital/Trust C
Name of Trust	Royal Devon University Hospital NHS		
	Foundation Trust		
Address of Trust	Barrack Road, Exeter, EX2 5DW		

Peripheral units (if to be visited by Fellow):

	Hospital/Trust N	Hospital/Trust O	Hospital/Trust P
Name of Trust			
Address of Trust			

LEP Consultants / Trainers

Primary Educational Supervisor (may be a trainer): Bara El-Khayat

Parent Specialties of main trainers:

Parent Specialty	Number of main trainers from this Specialty
Plastic Surgery	2
ENT	4
OMFS	3

Other Trainer(s) involved with fellowship:

Parent Specialty	Number of other trainers from this Specialty
Plastic Surgery/ENT/OMFS	1
Oncology	2
Pathology	2
Radiologist	2
Nurse Consultant (HN CNS	1
Lead)	
Head and Neck CNS	1
Head and Neck Dietitian	1
Head and Neck SALT	1

Indicative Timetable

The Fellow should be based at the main hospitals/Trusts for most of their educational activity but one session (professional activity) may occur outside these units each week. A trainee may work for 48 hours per week and if there is no on-call, all this time may be used for training.

Below is an indicative timetable that indicates the type of proposed activity and includes supporting professional development (SPD). SPD should be one half day each week. Please note that the timetable must be compatible with the Quality Indicators specific to the relevant TIG.

Multi-disciplinary team meeting (MDT), Supporting Professional Development (SPD), Operating theatre (Th), Ward round (WR), Outpatient clinic (OPC)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	MDT - HN	Week 1	Week 1	Week 1	OPC -		
		Th 1 –	Th 7 –	Th 1-	One Stop		
		OMFS	ENT	OMFS	Neck		
		Th 7 –		Major	Lump		
		ENT		OPC -	OPC -		
				OMFS	OMFS		
				MDT -			
				Thyroid			
		Week 2	Week 2	Week 2			
		Th 1 –	Th 7 –	Th 1 –			
		OMFS	ENT or	OMFS			
		Major	OMFS	Th 6 –			
		Th 4 –	Major	Plastics			
		ENT		OPC -			
		Robot		OMFS			
		Th 6 –		MDT -			
		Plastics		Thyroid			
PM	OPC -	Week 1	Week 1	Week 1	SPD		
	Joint HN	Th 1 –	Th 7 –	Th 1 –			

Clinic	OMFS	ENT	OMFS		
MDT –	Th 7 –		Major		
SSMDT	ENT				
(evening)	Week 2	Week 2	Week 2		
	Th 1 –	Th 7 –	Th 1 –		
	OMFS	ENT or	OMFS		
	Major	OMFS	Th 6 –		
	Th 4 –	Major	Plastics		
	ENT				
	Robot				
	Th 6 –				
	Plastics				

Training Delivery

Overview of the Unit's TIG Fellowship Training Delivery plan:

Indication of units operative workload (five most frequent procedures relevant to this fellowship)

minimation of units operative workload (nive most request procedures relevant to this renowship)		
Procedure	Number of cases per year	
Neck Dissection	~100	
Free Flap Reconstruction	~50	
Laryngectomy	~15	
Oral SCC Resection	~35	
Parotidectomy	~25	