

**UNION EUROPEENNE DES MEDECINS SPECIALISTES (UEMS)
EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**

UEMS ORL SECTION AND BOARD

**SUBSPECIALTY TRAINING PROGRAMME IN
HEAD AND NECK SURGERY**

INTRODUCTION

The UEMS-ORL Section and Board of Otorhinolaryngology-Head and Neck Surgery has developed a European training programme for the subspecialty of Head and Neck surgery. This training programme is based on a successfully completed post-graduate (specialist) training in otorhinolaryngology – head and neck surgery as defined in the UEMS ORL section and board accepted training programme of otorhinolaryngology – head and neck surgery (<http://orluems.com>).

This programme will serve as a guideline for approved training centres to enable the head and neck surgery fellows to meet the European Standard, as set out by the European Board of UEMS – ORL section. The aims and goals of such training are moving towards a competency based assessment of graduates.

DEFINITION

Otorhinolaryngology-Head and Neck Surgery (ORL-HNS) is composed of doctors who have post-graduate training in the specialty which deals with functions, diseases and disorders, of children and adults; of the external, middle and inner ear, the temporal bone and lateral skull base, the nose, paranasal sinuses, lacrimal glands and anterior skull base, the oral cavity, pharynx, larynx, trachea, oesophagus, as well as the neck which includes thyroid and salivary glands including adjacent structures in the head and neck. The specialty training includes investigation and treatment of diseases and disorders that affect the auditory, vestibular, olfactory and gustatory senses; and includes disorders of the cranial nerves; together with human communication in respect of speech, language and voice disorders; and conditions that affect mastication and upper swallowing and digestion. Other conditions diagnosed by the specialty of otorhinolaryngology, head and neck surgeons, but located in adjoining anatomic areas will be treated in close knowledge and cooperation of those related specialists.

The subspecialty of head and neck surgery is composed of physicians who have acquired during their subspecialty training thorough knowledge and practical skills in the examination, treatment planning, surgical and non-surgical treatment of benign and malignant tumours, malformations and trauma of the head and neck as defined in the accompanying log book.

THE TRAINING CENTRE OR INSTITUTION

Each year there will be publically advertised on the UEMS ENT section web pages and throughout the European community an opportunity for suitable training centres to apply for accredited recognition as an advanced training centre for the subspecialist training programme in head and neck surgery. Each centre will apply by written application, which will be reviewed by the Accreditation Board. Each centre will be approved by a site visitation. The development of a fellowship programme in head and neck surgery is deemed most likely to succeed when integrated into existing training programs to enhance rather than compete for educational purposes. A working time-table for each Fellow must be suggested and submitted in writing at the time of application. Modification and change of this time-table may result following discussions, and must be reviewed annually and for each new Fellow.

Approval as a training centre would be renewable every 5 years, following further assessment.

Requirements of the training centre

1. Evidence of centralisation of patient care both in oncology, and in other specialist care.
2. Evidence of a sustained clinical volume and activity in management of head and neck tumours and oncology, laryngology and traumatology, over the preceding period of 5 years – (e.g., >200 new cases).
3. Evidence that modern contemporary management of head and neck tumours is by discussion with involvement of a multidisciplinary team (MDT) approach to patient care. It would be expected that such MDT not only includes head and neck oncology but also laryngology and possibly traumatology. Such clinics would be held weekly. Evidence that such meetings exist would be validated by inspection of attendance sheets and case record discussions.
4. There should be adequate numbers of clinicians directly related or affiliated to such MDT – surgeons (ORL-HNS, OMFS, and Plastic Surgeons), anaesthesiologists, radiation oncologists, medical oncologists, radiologists, pathologists, as well as Thoracic Surgeons, Ophthalmologists, Neurosurgeons, Paediatricians. Also essential to the MDT working philosophy includes Speech and Language Therapists, Dental Prosthetics, Dietetics, Social Services, Psychologists, Physiotherapists etc.
5. A comprehensive approach to surgical care of patients includes nutritional support, respiratory therapy, reconstruction, maxillofacial prosthodontics, and rehabilitation, which will be an indication of a comprehensive head and neck programme. A major deficiency in the availability of these clinical services may be a cause for non recognition.
6. Availability of specialist nursing care 24/7 on designated wards as well as availability of beds on Intensive Care or High Dependency Wards when required.
7. Facilities and time available for didactic learning opportunities.
8. Facilities and time allocation for basic scientific research.

9. Facilities for study and availability of library – journals, textbooks, videos , internet etc.

THE TRAINEE OR FELLOW

Admission to the Subspecialty Training Programme in head and neck surgery is contingent upon completion of post graduate (specialist) training in Otorhinolaryngology - head and neck surgery. Fellows must have been registered as a ORL Specialist ideally for at last one to two years.

1. Applications will be made in writing and supported by citations on suitability from three clinical referees. At least two out of which shall be from current mentors/trainers.
2. Previous clinical and surgical work in the subspecialty will be taken into consideration in the selection process.
3. Candidates to selection will be requested to attend for interview. Appointment to the training programme will be competitive.
4. The clinical training will be for a period of 2 years full time or equivalent training and will not be extended for any additional period of time.
5. The fellow must take part in all facets of clinical activity, and must not be considered as a resident in general ORL-HNS.
6. Depending on individual Fellows needs, a period of time may be seconded to allied specialities such as Radiotherapy, Medical Oncology, OMFS, Plastic Surgery, and Neurosurgery for a period of no-longer than 3 months. Approval of the supervising programme director will be required.
7. Participation in the development and implementation of interdisciplinary head and neck surgical research is to be strongly encouraged.
8. A major contribution in a minimum of one scientific peer-reviewed publication before or during the programme is a minimum requirement.
9. Ample time must be available during the weekly working program for compulsory study (eg.nominal journals, text books, course, congresses etc
10. Each year the fellow must return to the Board, an evaluation form on the programme content and structure, supervision and expertise of the trainers, including the programme director.

THE PROGRAMME DIRECTOR

1. The programme director must have a National or International reputation as a Head and Neck surgeon, with more than 10 years of professional experience and with an academic background (e.g. docent or equivalent).

2. Each programme director must be supported by his national ORL Society, and national head and neck society (if one exists!).
3. The hospital administrator or Chief Executive, and the Dean of the Medical School, and The Professor of ORL/HNS or equivalent Academic Lead in ORL/HNS must support the development of a Fellowship programme in head and neck surgery
4. The programme director must contribute sufficient time to the programme to assure adequate leadership.
5. The programme director must demonstrate an interest in teaching, as well as demonstrating a track record in education and mentorship, including participation in regional and national scientific societies, presentations and publication of scientific and clinical studies and/or active participation in research as it pertains to head and neck surgery.
6. At least two “full-time” surgical faculty members should be committed to the training programme.
7. The use of fellows exclusively for expansion of clinical practice or medical student/residency training is strictly prohibited.

THE PROGRAMME

Academic

1. Programs must develop a structured curriculum with defined goals and objectives.
2. Clinical, basic science and research conferences as well as seminars and critical literature review activity pertaining to the subspecialty, must be conducted regularly and as scheduled.
3. It is essential that the fellow participates in the planning and conducting conferences. Both the faculty and trainees must attend and participate in multidisciplinary conferences.
4. Fellows must have the appropriate supervised opportunities to develop skills in providing consultation and communication with colleagues and referring clinicians.
5. Fellows training must involve increasing responsibility in both inpatients and outpatients environments and should culminate in significant patient management responsibilities spent within the institution.

Clinical

1. Programmes must provide structured clinical opportunities for fellows to develop advanced skills in head and neck surgery.

2. On completion of training the fellow must have had a cumulative experience sufficient to become a senior operating or teaching surgeon.
3. Clear lines of responsibility between fellows and trainees must be defined at the commencement of each stage of training and for clinical duties and the duration of training.
4. The working relationship between the fellow and the resident trainees must be complimentary and must enhance the educational experience.

Evaluation

1. The programme director must establish procedures for evaluating the clinical and technical competence of the fellow. The trainee will document his/her progress by keeping the UEMS log book of head and neck surgery subspecialty training.
2. Faculty Evaluation – the training faculty must evaluate the fellow on a semi-annual basis and must include teaching ability and commitment, clinical knowledge and scholarly contributions
3. Programme Evaluation – There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the fellows and the teaching responsibilities of the faculty.
4. At the end of the training the fellow needs to pass an examination to demonstrate his/her knowledge of the required literature and clinical knowledge. Depending on the legislation the examination can be National or European. On completion of the training and successful demonstration of competency and successful passing of the European examination the candidate will be able to use the suffix graduate of European training in otorhinolaryngology – head and neck surgery (ETORL-HNS).

CONTENT OF THE LOGBOOK

The log book is divided into four sections.

- I Head and Neck.
- II Oral cavity, Pharynx and Oesophagus
- III Nose and Paranasal sinuses
- IV Larynx, Tracheobronchial tree

Knowledge, experience and skills are tabulated in three sub-sections.:

- A Diagnostic procedures
- B Non surgical management
- C Surgical management

The fellow must have knowledge and understanding of the diagnostic procedures and non-surgical management.

The columns in the log-book in the sub-sections (C) Surgical Management are divided into two sections.

1. General

Under this heading all items are listed which must be experienced by the end of the training by every fellow, in order to guarantee a medical service which fulfils the recommendation of the UEMS ORL Section and Board, to achieve and maintain the highest standards.

2. Advanced

Under this heading the skills and operative managements are listed, which the fellow is not expected to be able to perform during this European Training programme. However, all trainees should have knowledge of these methods.

The progression of the fellow must be recorded on an annual basis (years 1 - 2) with the number of procedures performed in three categories:

- (a) Fellow assists the trainer
- (s) Fellow requires supervision/assistance by the trainer whilst he/she performs the procedure/management
- (i) Fellow performs the procedure/management independently/alone with the trainer available.

For example:

	1 st year			2 nd year		
	a	s	i	a	s	i
Selective neck dissection level I-V	10	5	3	10	10	7

The relevant trainer should endorse by signing and dating in column 3, when the fellow has achieved competency with each particular management or procedure.

CHARTERS ON TRAINING AND VISITATION

Fellows are advised to familiarize themselves with the UEMS Charter on Training of Medical Specialists www.uems.net The ORL-HNS Section and Board amended this Charter in June 2001 in relation to the requirements for the Specialty of ORL-HNS. The amended document can be found on the Section Website www.orluems.com.

The website also includes UEMS Charters on:

1. Continuing medical education
2. Quality assurance
3. Visitation of training centres.

The information for the Log Book may also be collected and collated electronically, <http://orluems.com>

REQUIRED LITERATURE

- Thawley SE, Panje WR, Batsakis JG, Lindberg RD. *Comprehensive management of Head and Neck Tumors*, Second Ed WB Saunders Company, Philadelphia, 1999 (ISBN: 0-7216-5582-3).
or
Rhys Evans P, Montgomery P, Gullane P. *Principles and practice of Head and Neck Oncology*, Martin Duniz of Taylor & Francis Group (ISBN # 0-7216-6856-9).
or
Shah J, Patel , Snehal G.; *Head & Neck Surgery and Oncology*, Elsevier Science Health Science div. 2003 (ISBN 0-7234-3223-6).
- Gnepp D. *Diagnostic Surgical Pathology of the Head and Neck*, WB Saunders, Philadelphia 2001 (ISBN 0-7216-6856-9)
- Jackson I T: *Local Flaps in Head and Neck Reconstruction* Quality Medical Publishing Inc 2002. (ISBN 1-57626-163-8.).
- Urken ML, Cheney ML, Sullivan MJ, Biller HF. *Atlas of Regional and Free Flaps for Head and Neck Reconstruction*. Raven Press 1995 (ISBN 0-7817-0197-X)

SCIENTIFIC JOURNALS

(Last two years issues, relevant articles)

1. Acta Oto-Laryngologica
2. Archives of Otolaryngology – Head and Neck Surgery
3. Clinical Otolaryngology
4. European Archives of Otorhinolaryngology and Head and Neck
5. Head & Neck
6. The Laryngoscope
7. Oral Oncology
8. Otolaryngology - Head and Neck Surgery
9. Plastic and Reconstructive Surgery

UEMS SUBSPECIALTY TRAINING LOGBOOK OF HEAD AND NECK SURGERY COMPLETION OF TRAINING

Fellow: _____
Name Surname Birthdate

Date of commencement of training: _____

Date of completion of training: _____

Lead Training Center	
Name of Trainer in charge	

I, the trainer in charge, certify that the register of diagnostic, non-surgical and surgical management shown below is correct.

Date: _____ Signature of trainer: _____

I, the fellow certify that the details given refer to diagnostic, non-surgical and surgical management carried out by me personally or were operations at which I acted as assistant.

Date: _____ Signature of trainee: _____

I. Head and neck

A. Diagnostic Procedures

a) CLINICAL EXAMINATION

1 investigation of the cranial nerves

a. clinical

2 functional tests of salivary glands

3 fine needle biopsy

b) INTERPRETATION OF RELEVANT IMAGING

4 conventional X-RAY. OPG

5 CT, MRI Scan

6 ultrasound and PET

7 Treatment planning

B. Non-surgical Management

8 pharmacological therapy

9 conservative treatment of wounds

10 chemo-radiation therapy

11 application of botulinum toxin

		General		Advanced
		s	i	
C. Surgical Management				
12	topical, local and regional anaesthesia		X	
13	management of wounds			
a.	management of wounds breakdown		X	
b.	management of scar tissue		X	
14	management of open neck wounds		X	
15	fistula care		X	
16	removal of			
a.	branchial cysts		X	
b.	surgery of benign tumours		X	
c.	fistulae		X	
17.	incision and drainage of abscess		X	

**UEMS ORL SECTION AND BOARD
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*Trainee must have knowledge and understanding
of the procedure/management*

	Date when knowledge is achieved	Signature
1		
a.		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

PROGRESSION OF SURGICAL SKILLS

Total No. of procedures.	1st year			2nd year			Column 3 - Date when competency is achieved
	a	s	i	a	s	i	
12							
13							
a.							
b.							
14.							
15.							
16.							
a.							
b.							
c.							
17.							

**UEMS ORL SECTION AND BOARD
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		General		Advanced
		s	i	
18	surgery of skin tumours			
a.	benign skin tumours		X	
b.	malignant skin tumours		X	
c.	treatment of melanoma		X	
19	correction of malformations			X
REPAIR OF INJURIES				
20	management of soft tissue injuries of the lateral and middle part of the face		X	
21	combined fractures of the lateral and middle part of the face		X	
22	osteosynthesis		X	
SURGERY OF CRANIAL NERVES (N. V, Nn. VII – XII)				
23	exploration, decompression or neurolysis			X
24	plastic reconstruction			X
DISSECTION OF TUMOURS				
25	removal of cervical lymph-nodes		X	
26	neck dissection			
a.	selective neck dissection level I to III		X	
b.	selective neck dissection level I to V		X	
c.	modified radical neck dissection		X	
d.	radical neck dissection		X	
e.	extended neck dissection		X	
27	soft tissue neoplasms		X	
28	vascular tumours			X
29	neurogenic tumours			X
SURGERY OF THE SALIVARY GLANDS				
30	removal of the submandibular gland		X	
31	removal of the sublingual gland		X	
32	removal of minor glands		X	
33	parotidectomy			
a.	partial parotidectomy		X	
b.	suprafacial parotidectomy		X	
c.	subtotal parotidectomy		X	
d.	total parotidectomy		X	
e.	radical parotidectomy		X	

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SUBSPECIALTY TRAINING PROGRAMME IN HEAD AND NECK SURGERY**

Total No. of procedures.	1st year			2nd year			Column 3 - Date when competency is achieved
	a	s	i	a	s	i	
18							
a.							
b.							
c.							
19.							
20.							
21.							
22							
23							
24							
25							
26							
a.							
b.							
c.							
d.							
e.							
27							
28							
29							
30							
31							
32							
33							
a.							
b.							
c.							
d.							
e.							

**UEMS ORL SECTION AND BOARD
SUBSPECIALTY TRAINING PROGRAMME IN HEAD AND NECK SURGERY**

		General		Advanced
		s	i	
SURGERY OF VESSELS				
34	preparation and ligation of vessels		X	
35	direct or indirect catheterization of the internal jugular vein			X
36	vascular grafting			X
37	microvascular anastomosis			X
SURGERY OF THE THYROID GLAND				
38	hemithyroidectomy		X	
39	total thyroidectomy	X		
40	parathyroidectomy			X
41	level VI neck dissection			X
PLASTIC AND RECONSTRUCTIVE SURGERY				
42	limited regional sliding and rotation flaps		X	
43	free skin grafts		X	
44	extensive plastic reconstruction			
a.	myofascial flaps		x	
b.	myocutaneous flaps		x	
c.	microvascular flaps			X
45	facial rehabilitation			
a.	dynamic muscle flaps			X
b.	static procedures			X
c.	face-lifting procedures			X
d.	blepharoplastia procedures			X
e.	chin procedures			X
46	bone replacement			X
47	cartilage replacement			X
FACIAL PARALYSIS				
48	grading		X	
49	gold weight insertion		X	
50	temporalis muscle transfer			X
51	suborbicularis occuli fat pad lift			X
52	tarsorrhaphy	X		

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Total No. of procedures.	1st year			2nd year			Column 3 - Date when competency is achieved
	a	s	i	a	s	i	
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
a.							
b.							
c.							
45							
a.							
b.							
c.							
d.							
e.							
46							
47							
48							
49							
50							
51							
52							

II. Oral Cavity. Pharynx and Oesophagus

A. Diagnostic Procedures	
a) CLINICAL EXAMINATION	
1	inspection and palpation of oral cavity, and oropharynx
2	endoscopic assessment of oral cavity, pharynx and oesophagus, with flexible and rigid endoscopes, including biopsies, preparation of swabs, washings, and related techniques
b) INTERPRETATION OF RELEVANT IMAGING	
3	ultrasound scan, conventional X-RAY, OPG, CT, MRI, esophagogram
4	diagnosis and interpretation of swallowing disorders including reflux
B. Non-surgical Management	
5	swallowing and aspiration rehabilitation

		General		Advanced
		s	i	
C. Surgical Management				
6	sialendoscopy	X		
7	transoral removal of salivary calculi		X	
8	transposition of salivary duct		X	
9	surgery of pharyngeal pouch (open or endoscopic)		X	
10	endoscopic biopsy and tumour staging		X	
11	pharyngostomy		X	
12	closure of pharyngostoma		X	
13	cricopharyngeal myotomy		X	
14	surgery of injuries			
a.	simple injuries		X	
b.	complex injuries	X		
TUMOUR SURGERY				
15	laser surgery of oral cavity and pharynx		X	
16	resection of the tongue			
a.	partial glossectomy		X	
b.	hemi glossectomy		X	
c.	total glossectomy	X		
17	reconstruction of the tongue	X		
18	microvascular anastomoses			X

**UEMS ORL SECTION AND BOARD
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*Trainee must have knowledge and understanding
of the procedure/management*

	Date when knowledge is achieved	Signature
1		
2		
3		
4		
5		

PROGRESSION OF SURGICAL SKILLS

Total No. of procedures.	1st year			2nd year			Column 3 - Date when competency is achieved
	a	s	i	a	s	i	
6							
7							
8							
9							
10							
11							
12							
13							
14							
a.							
b.							
15							
16							
a.							
b.							
c.							
17							
18							

		General		Advanced
		s	i	
19	resection, osteosynthesis and reconstruction of mandible	X		
20	pharyngotomy			
21	pharyngectomy			
a.	partial		X	
b.	total			X
22	surgery for tumours of the nasopharynx			X
23	surgery for tumours of the oropharynx and reconstruction	X		
24	resection of the lips and plastic reconstruction			
a.	simple		X	
b.	complex	X		

III. Nose and paranasal sinuses

		General		Advanced
		s	i	
C. Surgical Management				
1	sinus endoscopy		X	
2	endoscopic antrostomy		X	
3	external frontal sinus surgery		X	
4	external ethmoidectomy		X	
5	endonasal ethmoidectomy (endoscopic, microscopic)		X	
6	sphenoid sinus surgery		X	
7	closure of oro-antral fistula		X	
8	ligation of maxillary or ethmoidal artery		X	
9	orbital decompression procedures		X	
10	dacryo-cysto-rhinostomy		X	
11	management of CSF leak	X		

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Total No. of procedures.	1st year			2nd year			Column 3 - Date when competency is achieved
	a	s	i	a	s	i	
19							
20							
21							
a.							
b.							
22							
23							
24							
a.							
b.							

*Trainee must have knowledge and understanding
of the procedure/management*

PROGRESSION OF SURGICAL SKILLS

Total No. of procedures.	1st year			2nd year			Column 3 - Date when competency is achieved
	a	s	i	a	s	i	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

		General		Advanced
		s	i	
12	tumour surgery			
a.	maxillectomy (partial, total)		X	
b.	lateral rhinotomy		X	
c.	midfacial degloving		X	
d.	combined approach to the anterior skull base			X
e.	orbitotomy		X	
f.	exenteration of orbit	X		
g.	surgery of the anterior skull base (including osteoplastic flap, dura plasty and related techniques)			X
13	repair of injuries (traumatology)			
a.	soft tissue injuries		X	
b.	nasal fractures		X	
c.	septal haematoma		X	
d.	paranasal sinus fractures		X	
e.	fractures of orbit including blow out fracture		X	
f.	fractures of zygoma		X	
g.	optic nerve decompression			X
h.	reconstruction of the anterior skull base			X

IV. Larynx. Tracheobronchial tree

A. Diagnostic Procedures	
a) CLINICAL EXAMINATION	
1	flexible endoscopic examination of larynx, trachea, bronchi, with or without washings for cytology
2	stroboscopy
3	direct laryngoscopy with or without swabs for microbiological assessment
4	microlaryngoscopy
5	endolaryngeal, endotracheal and endobronchial biopsy
b) INTERPRETATION OF RELEVANT IMAGING	
6	ultrasound scan, plain X-RAY, CT, MRI, PET
B. Non-surgical Management	
7	voice restoration following laryngectomy/total laryngectomy (care of the valve prosthesis)

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Total No. of procedures.	1st year			2nd year			Column 3 - Date when competency is achieved
	a	s	i	a	s	i	
12							
a.							
b.							
c.							
d.							
e.							
f.							
g.							
13							
a.							
b.							
c.							
d.							
e.							
f.							
g.							
h.							

Trainee must have knowledge and understanding of the procedure/management

	Date when knowledge is achieved	Signature
1		
2		
3		
4		
5		
6		
7		

		General		Advanced
		s	i	
C. Surgical Management				
8	topical, local and regional anaesthesia		X	
9	removal of foreign bodies from larynx, trachea and bronchi		X	
10	endotracheal intubation		X	
11	tracheotomy – tracheostomy (including percutaneous)		X	
12	closure of tracheostome		X	
13	incision of crico.thyroid membrane		X	
14	endolaryngeal, endotracheal and bronchial laser surgery	X		
15	surgery for unilateral cord palsy			X
16	surgery for bilateral cord palsy			X
17	phonosurgery (surgery for voice and speech)			
a.	frame work surgery (thyroplasty)			X
b.	vocal cord augmentation			X
SURGERY FOR LARYNGEAL, TRACHEAL AND BRONCHIAL NEOPLASMS				
18	endolaryngeal surgery for early cancer		X	
19	endolaryngeal laser surgery for tumours in upper aerodigestive tract		X	
20	laryngectomy			
a.	total		X	
b.	partial		X	
21	laryngo-pharyngo-oesophagectomy with flap reconstruction or viscus interposition			X
22	techniques for insertion of valves for voice rehabilitation		X	
23	management of laryngo-tracheal stenosis			X
24	tracheal and bronchial stenting			X
25	repair of tracheo-oesophageal fistula in adults			X

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PROGRESSION OF SURGICAL SKILLS

Total No. of procedures.	1st year			2nd year			Column 3 - Date when competency is achieved
	a	s	i	a	s	i	
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
a.							
b.							
18							
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a.							
b.							
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25							