

OTORHINOLARYNGOLOGY

**Chapter 6, Charter on Training of Medical
Specialists in the EU**

**Requirements for the Specialty Otorhinolaryngology
and Cervico-facial Surgery
Amended June 2001**

Article I

**GENERAL RULES ON MONITORING, ACCREDITATION AND QUALITY MANAGEMENT OF
POSTGRADUATE TRAINING**

1.1 The central monitoring authority for the specialty will be the European Board of Otorhinolaryngology, which has been constituted from the members of the UEMS specialist section. The European Board consists of two members of each of the EU countries and from the EFTA countries, appointed by the National ORL authorities of the participating country.

The Board members must be members of the professional organization of the specialty and represent universities or other recognised teaching bodies or institutions and ORL practitioners of the profession on equal footing.

1.2 The standards for recognition of training institutions and teachers follow the rules of training by the National Boards. The European Board will review the rules of training of the separate countries and make recommendations for the minimum requirements to be met in order to receive confirmation as an European Institution for training in Otorhinolaryngology and Cervicofacial surgery. The European Board will issue certificates of European recognition for training institutions.

1.3 The European Board will create a programme for quality management of postgraduate training in the specialty. This will include a programme for inspection of training institutions and will be monitored by a Quality Assurance committee to be set up by the European Board.

1.4 The European Board will deliver a certificate of recognition of quality of training, herein called RQ. This RQ will give the candidate the right to the title of "Fellow of the European Board of ORU.

The RQ is optional and will not place a condition on movement to countries with mutual recognition of training for the specialty (See article IV Recognition of Quality of the Statements of the European Board).

1.5 Manpower planning will be dealt with by a separate manpower committee instituted by the European Board.

Article 2

GENERAL ASPECTS OF TRAINING IN THE SPECIALTY

2.1 Candidates for training in the specialty should have completed the study in medicine at one of the universities of the EU or one of the associated countries. This should be followed by at least one year of practical training as an intern, house officer, doctor in practice or whatever training is demanded by that country to be qualified as a physician. This practical training should at least comprise training in surgery and internal medicine. Adequate documentation of qualification should be provided. Further requirements for access to a recognised training programme in the specialty is the primary responsibility of the training institutions.

2.2 The minimum duration of training will be 6 years. During this period training of candidates can take place in different institutions if they are recognised nationally as a training institution with confirmation by the European Board (see also 2.7.)

2.3 The training programme prepares the candidate for work as a general Otorhinolaryngologist. The last year of training can be spent as an introduction to one of the following sub-specialties: Paediatric Otolaryngology, ORL regional and plastic reconstructive surgery, Neuro-otology, Head and neck and skullbase oncology, Phoniatics and audiology.

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Training in Health Care Management is obligatory.

2.4 The content of the training programme is the prime responsibility of the National Boards. The training programme will be in line with the recommendations of the European Board and will consist of theoretical instruction in the basic and clinical sciences to ORL and Cervico-facial surgery as will be specified in the document on "Content of Training". This will act as a log book for documentation of surgical and other activity and must be completed by all trainees throughout the training period.

Furthermore the training programme will consist of graded periods during which practical training is gained in the most common diagnostic and surgical procedures of the ear, nose, throat, head and neck. As training progresses, there should be an increasing level of responsibility. This will be achieved by adequate periods of training in an out patient department, clinical wards and operating theatres.

2.5 There will be an annual assessment of the progress of the trainee by the head of the training programme. The head of training should advise the National Board if a trainee is considered unsuitable for training. If the National Board deems it appropriate, progress can be further evaluated by a national examination. The training programme will be assessed at least every five years by the National Board. This will be monitored by the European Board.

2.6 The number of trainees should not exceed the number of approved posts in a training programme. The European Board will give guidelines for the number of trainees in a programme in relation to the facilities in terms of staff and equipment available in a training programme.

2.7 The European Board will stimulate the exchange of trainees between EU and associated countries with approved training programmes. There will be recognition of periods of training spent in institutions of those countries.

Article 3

REQUIREMENTS FOR TRAINING INSTITUTIONS

3.1 Training institutions should receive official recognition by the National Boards responsible for the training in Otorhinolaryngology and Cervico-facial surgery. The European Board will receive a list of training institutions issued by the National Boards. If this meets the requirements set out by the European Board, they will be conformed as a European Institution for the training in Otorhinolaryngology and Cervico-facial surgery.

3.2 Training institutions should be placed within university hospitals or major general district hospitals with adequate supporting services to provide an optimal training climate. This includes the presence in the hospital of training programmes in other specialties. Furthermore, there should be the possibility for direct interdisciplinary consultation with other specialty services. The institution should possess a library with bibliographic facilities and access to the international medical and specialty journals. Occasionally periods of training may be taken in approved monospecialist clinics.

The training department will have as a minimum the following facilities:

- (a) A fully equipped out patient department for consultation with ORL patients including emergencies. Equipment should be available for microscopic and endoscopic examinations.

- (b) Facilities for audiologic examination including audiometry, speech audiometry and electro-physiology
- (c) Facilities for vestibular examination including electronystagmography
- (d) Facilities for phoniatrics, including stroboscopy and photography and also swallowing assessment
- (e) A clinical ward for in-patients and day-care facilities for diagnostic and surgical procedures.
- ffi At least one operating theatre at full time disposal with specialised equipment for common procedures in ORL training including an operating microscope, modern endoscopic equipment and TV-VCR facilities.
- (g) Facilities for anatomical dissection with microscopic and/or endoscopic instrumentation
- (h) A conference room for deliberation and tutorial sessions

For the special category of monospecialist institutions, requirements will be formulated by the European Board. In general these will be recognised for limited periods of training only.

- 3.3 The training institution will set up a programme for quality management of postgraduate training.

Article 4

REQUIREMENTS FOR TRAINERS WITHIN THE SPECIALTY

4.1 The head of training should have been practicing the specialty for at least five years before appointment. He/she should be a suitably qualified specialist with a commitment to training and be recognised by the National Board. He/she should have experience in research and postgraduate education. There should also be a staff of well-qualified specialists who participate in the training programme and who can guarantee that the full range of the specialty is covered.

4.2 The head of training will be responsible for a training programme for each trainee in accordance with national rules and the recommendations of the European Board for training programmes in Otorhinolaryngology and Cervico-facial surgery.

4.3 The teaching staff will be sufficient in number and correlate with the number of trainees in the programme in order to guarantee adequate supervision of the trainee in the programme.

Article 5

REQUIREMENTS FOR TRAINEES

5.1 Trainees will build up experience in the specialty by following theoretical courses and by self study of basic and clinical sciences. They will complete this by practical and anatomical exercises, e.g. temporal bone and cadaver dissection. They will take part in examinations required by the National Board. They will gain experience in the most common diagnostic and surgical procedures of the specialty according to the syllabus of "Content of Training" edited by the Board. Their competence should be adequately shown at the end of the training period by presentation of a list of operations performed and a letter from the head of training confirming the completion of satisfactory training. For those training in several Centres this responsibility will be borne by the head of training of the last period before, certification.

5.2 The trainee should have sufficient linguistic ability to communicate with patients and colleagues in the country of training. He/she should be conversant with international literature.

5.3 The trainee should keep a personal log book or equivalent of his/her training activities and present this before certification.

5.4 The training programme will consist of the following elements:

(a) Acquisition of the principles of surgery in general and theoretical knowledge of anatomy, physiology, pathology, aetiology and symptomatology of the diseases of the ear, nose paranasal sinuses, pharynx, larynx, neck and salivary glands. Special attention should also be given to the theoretical foundations of audiology, phoniatrics, vestibulology, allergy and immunology, oncology and the basic principles of plastic and reconstructive surgery.

(b) Trainees should have access to a temporal bone laboratory and a dissection room to familiarise them with the basic techniques of operation on the ear, nose and paranasal sinuses, larynx, salivary glands and the neck.

(c) There should be a graded increase in clinical responsibilities and surgical experience in procedures of the specialty.

(d) A list of diagnostic procedures (A) conservative management (B) and operative treatment (C) has been prepared by the scientific committee of the European Board and is outlined in the logbook

For the European training programme these levels of skills are recognised and specified: I = independently performed, S - performed under supervision, A = training by assistance. Numbers of indicator operations have not yet been decided.

Article 6

COMPLETION OF TRAINING

On successfully completing all of the training requirements a certificate of completion of specialist training in Otorhinology and Cervico-facial surgery will be issued by the appropriate national body.

For further information see the Internet websites of the

International Federation of Otorhinological Societies IFOS e-mail IFOS : eano00uiama.ac.be

UEMS ORL web page

www.orleums.co.uk

Dutch ORL Society: KNO. This website is mainly in the Dutch language e-mail: kno.verenigingCa-@pi.net

British Association of Otorhinologists - Head and Neck Surgeons www.orl.baohns.org email: orIC-bao-lms.demon.co.uk