MINIMUM REQUIREMENTS FOR THE PROVISION OF SERVICES IN OTORHINOLARYNGOLOGY/HEAD AND NECK SURGERY IN EUROPE

PREAMBLE

This document is intended to assist in the harmonisation of facilities and services provided by ORL Departments and those in ORL private practice throughout the European Union. It aims to outline the minimum and essential features for ORL Departments and those in ORL practice. This draft document attempts to provide the minimum requirements for the provision of Otorhinolaryngology services in Europe in keeping with the logbook for ORL trainees published by the UEMS ORL Section. As a consequence it should create the environment in which improved standards of care can flourish to ensure that patients have rapid access to a safe, high quality service provided by appropriately trained specialists.

A few ORL departments may not currently fulfil these criteria, and this document may be used to identify areas which require further development. ORL services should be ideally organized on a network system comprising a central hub serving different functions linked to peripheral satellite departments. Although the majority of the population live in or close to large conurbations and could be served by the above model, a different configuration may be required for those living in rural areas. Emergencies during the daytime may be managed in the satellite units, where facilities permit, but 24 hour cover and all major emergencies requiring continuing in-patient care may need to be transferred to the central unit.

In planning provision of ORL services, the following need to be considered:

(1) High quality clinical care for patients which is timely, reasonably accessible and offered with compassion, courtesy, and comfort.

(2) Availability of current technology, equipment and resources.

(3) Access to laboratory facilities, pathology and diagnostic imaging services.

(4) Emergency cover should be organized on a 24 hour a day basis.

(5) Teamwork and a multi-disciplinary approach is advocated for the treatment of : head and neck tumours, cleft palate disorders, skull-based pathology, sleep disorders, cochlear implantation, trauma, phoniatrics and swallowing disorders.

A specialist in ORL can only provide safe, effective care if the respective departments provide facilities which match the requirements of the ORL specialty.

ORL SURGICAL ACTIVITY

All ORL specialists should provide continuing care for patients accepted for treatment, or arrange for this to be done. ORL specialists should practice within the limits of their capabilities, and have arrangements for referral of patients to other centres if necessary. ORL surgeons have a moral responsibility to undertake continuing medical education (CME) and continuing professional development (CPD). All specialists should maintain accurate records of the work they perform. ORL specialists are expected to evaluate the results of their activities by appropriate means. The above are features of quality assurance (QA). QA is an ethical necessity for every doctor throughout their entire professional career. The charter for QA was adopted by the UEMS Management Council in March 1996.

INPATIENT UNIT

ORL Specialists taking care of inpatients must be supported by appropriate medical and nursing staff and equipment on a continuing basis. Nursing staff in ORL units should have adequate ORL training. Emergency admissions may represent a significant percentage of bed occupancy, some cases will require isolation. Suitable single room accommodation will be necessary. There will be a need for access to high dependency and/or intensive care facilities, and to an operating unit available on a 24 hour basis. Facilities should be available on or adjacent to the inpatient unit for ORL examination. There will be the same on those in the outpatient unit.

OPERATING UNIT

ORL surgery is highly specialised and dependant on expensive and fragile equipment which is frequently unique to the speciality. This equipment includes operating microscopes with flexible endoscopes, suction and diathermy rigid endoscopes for upper aerodigestive tract examination and treatment in addition to instruments appropriate for the particular types of 0RL surgery being performed in the unit.
Therefore ORL operating units must be staffed by individuals with special skills, training and experiences in the use and maintenance of such equipment. There must be appropriate back up facilities including a recovery room with anaesthetic staff experienced in the care of ORL patients.

DAY CARE UNIT

Preferably day care surgery should only be performed in units which have been purpose built for such surgery with appropriate facilities for pre and post operative care. They should be supported by properly trained staff. There must be adequate facilities for undressing and for care of valuables with provision of written information regarding the procedure being performed. Adequate arrangements should be made for following up the patients. There must be access to an in patient unit for admission if required

OUT PATIENT UNIT

ORL outpatient work is dependent on equipment which is largely unique to the speciality. This means that the out patients facilities are dedicated to ORL use and must be managed by trained staff. The ORL doctor should work in a separate consulting room. This should provide privacy and space to accommodate the patients relatives and/or carers. Consideration should be given to patients with special needs eg. Those in beds or in wheelchairs. It is mandatory that every examination room should have an examination couch/chair. Suction must be available there must be an ORL microscope. A sufficient number of rigid and flexible endoscopes and other ORL instruments including diathermy must be available, allowing for appropriate cleaning according to the standards of the unit.

It will be for the individual ORL specialist to decide the time required for an average new patient consultation. However if he or she is involved in supervision of other staff eg ORL trainees, medical students or nurse practitioners, then consultation times may need to be prolonged. The number of patients seen in subspecialist clinics will be substantially less than in general ORL clinics. Basic audiometric and vestibular testing facilities must be available for each general and otological clinic.

TEACHING UNITS

Space must be available to accommodate trainees and observers. There should be appropriate equipment for documentation and retrieval and for monitoring procedures during operating or clinic sessions.

LABORATORY FACILITIES.

Availability of laboratory facilities to include cytology, histology, microbiology, haematology, clinical chemistry, allergy and immunology and cytogenetics.

RADIOLOGY AND IMAGING.

To include basic radiology,angiography,ultrasonography,computed tomography (C.T.), magnetic resonance imaging (M.R.I.), and nuclear imaging.

AUDIOLOGY AND VESTIBULOMETRY.

Diagnostic Audiology.

European standards should be adhered to. Audiometric testing should be conducted in booths or rooms ideally satisfying European standards. ISO 8253/1 (1989) or ISO 8253/2 (1992).

Newborn and Childrens'Screening.

There should be access to child hearing screening including tympanometry ,Otoacoustic emissions O.A.E and Brainstem response audiometry B.R.A. under ideal conditions.

Rehabilitative Audiology.

Should include access,directly or indirectly , to the provision of appropriate hearing aids, hearing rehabilitation, teachers of the deaf and Cochlear and other implantation centres.

Vestibulometry.

Appropriate vestibulometric testing facilities and access to balance rehabilitation.

PHONIATRICS AND SWALLOWING DISORDERS.

Access to specialised diagnostic facilities including fibreoptic endoscopy,videostroboscopy and other special tests, plus appropriate rehabilitation.

SPECIALISED EQUIPMENT AND OTHER SPECIAL PROVISIONS.

O.R.L. diagnostic and surgical activity is heavily dependant on high quality endoscopic, microscopic and other special diagnostic and interventional equipment.This must be used and maintained according to mandatory safety recommendations.

OFFICES AND SECRETARIAL SUPPORT.

There should be adequate space to provide privacy for staff and patients. Confidentiality of patient information storage must be secured. Such offices should provide proper surroundings for appraisal and assessment. Trainees should also have dedicated office space. There should be computer equipment allowing access to the internet, medical databases and further development of information technology. Training departments shall provide access to a selection of standard text books and current ORL and general journals. There should also be access to laboratory space, facilities for temporal bone dissection and training in endoscopic surgery.

RESEARCH.

Opportunities for research should be readily available.

EDUCATION AND TRAINING.

Training hospitals should have a training master responsible for these functions. Trainer and trainee should be encouraged to take part in visitation programs, CME and CPD.

PAEDIATRIC ORL.

European standards for management of childrens' services should be adhered to. It is mandatory that every hospital caring for neonates and young children shall allow for their management to be carried out in special units having adequate instrumentation and staff expertise.