**GROUP TWO (CHAIR JOHN FENTON)**

**ORGANIZATION OF TRAINING**

**(d) schedule of training, flow diagram with years of training**

**(e) assessment and evaluation of trainee, interim written examination, eligibility criteria, ongoing assessment by trainers**

**Organisation of training**

**d. Schedule of training**

To enter the programme trainees should have demonstrated competence in working as a team member, assessing emergency patients and initiating investigations and treatment, managing the perioperative care of patients and performing simple invasive and operative procedures: the basic clinical education (1 year minimum)

The residents should have rotated through a basic surgical training programme that equips them to perform as a member of a surgical team, receive emergency patients, initiate diagnostic tests and management, manage the perioperative care of surgical patients and recognize and treat common complications. They should be a safe and useful assistant in the operating room and be able to perform simple procedures under minimal supervision. The basic part can be included in the overall curriculum or undertaken independently prior to embarking on training.

Selection for a training programme is usually competitive, after completion of basic medical/surgical foundation. The institutions providing training must provide the infrastructure (including the financial and administrative elements) to allow the trainee access to inpatients, outpatients and theatre settings. It should comply with relevant quality assurance and surveillance mechanisms designed to maintain the quality of training

In total, depending on the duration of the basic clinical education and the time to acquire “competency” one should thus count on a minimum duration of five years.

Specialization and expertise should be provided by a fellowship process after completion of the General Training provided in a residency and described in this document. The content and structure of these programmes is beyond the scope of this document and should be developed by the Specialty Societies.

Fellowship level training will be related to the requirements of each specific specialty with its own reference points in terms of quantity, quality and structure.

Fellowships are not part of these ETR.

The modularization of the ORL curriculum should allow the resident to allow him/her to deal with patients in a holistic way, providing diagnostic and first line treatment, and to fulfil general on-call requirements in an ORL setting. In summary, the concept of Training in the Generality of, leading to Certification and followed by Specialist Training at fellowship level in fields of the Trainee’s choice is essential in providing a universal standard of ORL Competence, providing the basis for specialist care.

? Flow Diagram

**e. Assessment and evaluation**

Regular assessment by the Training Program Director or members of his/her staff designated for such a matter should be done on a regular basis.

Each trainee must keep an official national trainee logbook. In this logbook the trainee will demonstrate that he/she has been sufficiently exposed to a wide range of cases as an assistant or supervised operator. Logbooks must be monitored regularly and undersigned by the trainee and the Training Program Director or the designated staff member.

A logbook/ portfolio will include not only the surgeries performed but also:

-details of previous training post, dates, duration and trainers

-details of examinations passed

-list of publications

-list of research/clinical presentations at a local, national and /or international meeting

List of courses attended

-cumulative operative totals

-copies of assessment forms for each training period, completed and signed by trainers for that period.

A training agreement will be signed by the trainee and the Program director if necessary or required by the specific country and will define the respective duties and obligations.

Assessment of trainees should include formative and summative elements. Some countries have already developed sophisticated annual appraisals including tests of knowledge whilst others do not even have a system for regular monitoring of trainee progress. Similarly some countries hold validated examinations at the end of training, which form one part of the assessment for certification, whilst others do not.

Formative appraisal in particular allows individual deficiencies to be addressed in a timely manner without prolonging the overall training time, or prolonging it minimally. It also allows Quality Assurance of the Training Centres and Trainers.

Annual appraisal for trainees

the trainees who have a yearly assessment by MCQ exam.

Prior to a final exam they have a tool that can help them to correct deficiencies in their knowledge. Heads of Training also receive a global assessment of how their residents are doing and have the opportunity of comparing their performance with the other hospitals in the country or elsewhere in Europe for the first time.

**Summative Assessments -evaluation of trainee**

At present the EBEORL examination comprises two parts, taken separately, with the written section sat in centres throughout Europe, and the oral examination taken in November. The examination is currently in English only, but Spanish version of the Oral assessment took place in 2016 and French and German versions are being prepared.

A clinical examination in local languages in the candidates own country is planned for the future. Attitude, clinical skills and professional behaviour of candidates is to be tested. Fellows of the European Board should be skilled clinicians who can make a therapeutic decision based on the relevance of the clinical findings and of the investigations performed.

It is important to recognise that successful completion of the EBEORL examination is not the sole determinant of clinical competence and must be associated with a rigorous appraisal system before a trainee is recognised as a Specialist. This provides the National Regulatory Authority in each EU country with an important influence. It should be emphasized that successful completion of a final examination should NOT confer Specialist status on its own but will have to be the last step in a residency program where all other steps have been fulfilled successfully during training.

At the end of the training, the Training Program Director certifies the attainment of:

-satisfactory operative totals………..are numbers necessary?

-adequate competency level

-satisfactory assessment for each year of training