

So you want to be an Otorhinolaryngologist?

Mr Philip R Bell

Royal Victoria Hospital Belfast
Correspondence to: Philip Bell
bellpr@hotmail.co.uk

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INTRODUCTION

Otorhinolaryngology is a very broad speciality with six subspecialties recognized by the Royal Colleges. These include otology, rhinology, laryngology, head and neck surgery, facial plastics and paediatrics, however each of these is then further subspecialised. The scope of the speciality has changed over the last twenty years with increasing integration with other head and neck specialities and with other specialities such as oncology and radiology. The spectrum of disease and the number of treatment modalities is also increasing with otorhinolaryngology being at the forefront of technical innovations such as robotic surgery and 3D endoscopy. So if you thought all we did was remove tonsils and stop nose bleeds...things have changed.

WORKING AS AN OTORHINOLARYNGOLOGIST

Life as an Otorhinolaryngologist is particularly rewarding in many aspects ranging from the practical and procedural nature of the speciality to the wide range, diversity and complexity of the patients that we encounter. Like most surgical specialities much of the reward comes from the instant gratification of “fixing something” and ENT is unique in that this often becomes apparent in the early stages of training.

Despite being a relatively busy speciality ‘in-hours’, the vast majority of our work is preplanned and as a result an excellent work life balance can be achieved when compared to other surgical specialties. Most otorhinolaryngologists work between 1:6-7 weeks oncall, however in regional centres additional airway rotas exist which are currently 1:4. Currently there is a 60:40 male to female ratio in trainees with additional options to work part time or undertake research, while still being able to obtain excellent training opportunities.

Like all specialties in medicine and surgery an underlying core competency in clinical knowledge and reasoning is required. Otorhinolaryngology also requires excellent planning skills, the ability to engage with children and adults alike in often life threatening situations as well excellent hand-eye coordination, spatial awareness and dexterity.

Otorhinolaryngology is a diverse speciality managing a wide variety of elective conditions to life threatening emergencies and complex oncology work. Often combined clinics with plastic surgeons, neurosurgeons and pediatricians are required to comprehensively manage our patient population leading to excellent networking opportunities and a chance to see how other teams work. Most otorhinolaryngologist undertake between 2 and 3 outpatient sessions per week and during training this can occasionally be up to 4 sessions depending on the subspeciality. In addition most surgeons will undertake between 2 and 4 theatre sessions per week with trainees undertaking a minimum of 4 sessions. Other sessions are dedicated to SPA, administration and research and teaching opportunities.

THE TRAINING PROGRAM

During F1 and F2 years experience can be gained in ENT as either a 4 month placement during F2 or as a 1-2 week work experience post and this is essential in developing a rapport with staff as well as gaining some insight into what the job really entails! Following F2 competitive entry is via the Core Surgical Training program during which 6 month rotations are available. While undertaking one of these rotations the trainee will gain competency in managing common conditions both in outpatients and as emergency admissions. The Royal Colleges recommend a minimum of 12 months experience in otorhinolaryngology before application for higher surgical training in addition to completion of the Intercollegiate Surgical Exams and the Diploma of Otolaryngology and Head and Neck Surgery. Entry to higher surgical training is via competitive interview and at present occurs both locally and regionally (with local competition rates in 2013 of 1:21). Following selection to higher surgical training a further 6 years of training is to be carried out in four hospitals in Northern Ireland with specialized training in The Royal Victoria Hospital and The Royal Belfast Hospital for Sick Children. An ENT exit exam must be completed prior to completion of higher training. A selection of courses, publications and research should be completed during this time period. Opportunities for fellowships and out of program research degrees are also available.

THE FUTURE

As previously mentioned the speciality is expanding and diversifying and as a result will inevitably bring with it changes for the future in much the same way the HiB vaccine has almost made us redundant in managing epiglottitis. The challenges over the next decade will be the emergence of increasing numbers of young patients with HPV related oral and laryngeal cancers and the technological and pharmaceutical changes in how we manage these patients. If you enjoy dealing with a diverse patient population and like a speciality where each day is different from the last then otorhinolaryngology might be for you...but bear in mind you may need a Sherpa to get you to us as we reside in the most remote part of the Royal Victoria Hospital....Ward 29!