



DIPLOMA IN OTOLARYNGOLOGY –
HEAD AND NECK SURGERY
[DOHNS]

Syllabus

June 2007

SYLLABUS

INTRODUCTION

The purpose of the Diploma of Otolaryngology Head and Neck Surgery is to test the breadth of knowledge, the clinical and communication skills, and the professional attributes considered appropriate by the Colleges for a doctor intending to undertake practice within an Otolaryngology department in a non-consultant career grade or trainee position. It is also intended to provide a test for those who wish to practise within another medical specialty, but who have an interest in the aspects of where that specialty interacts with the field of otolaryngology. In particular, it will be relevant for General Practitioners wishing to offer a service in minor ENT surgery. It is not intended as a precondition to entry into ST3.

The examination is designed and administered in accordance with internationally accepted best practice, as are its marking, standard setting and quality assurance procedures. The Panel of Examiners also affirm their commitment to the principles of fairness, irrespective of race, colour, creed, gender, sexual-orientation or age, believing in the principle of equal opportunities for all.

The Examination Syllabus

The aim of the syllabus is to set out for candidates a comprehensive description of the breadth and depth of the knowledge, skills and attributes expected of them. The syllabus thus provides a framework around which a programme of preparation and revision can be structured.

It also sets out the areas in which candidates for the Diploma will be examined

It should be noted that a syllabus is not the same as a full curriculum, which would consist of a structured educational programme designed to prepare learners for a professional role or examination. Nor does it set out a test specification, which would define the frequency with which each element of the syllabus would appear in the examination and the weighting that it would carry.

The examination will not normally test areas that are not explicitly or implicitly included in the syllabus, but it should be noted that research and changes in the medical environment might sometimes lead to changes in scientific theory and clinical practice before the syllabus is updated to reflect them. Candidates will be expected to keep abreast of such developments by reading the appropriate literature. Topics set out in the syllabus will be widely sampled in every sitting of the examination, but each topic will not be tested on every occasion. Furthermore, good otolaryngological practice requires additional professional and personal attributes that cannot be reliably or appropriately tested within the existing format of the examination. These might include, for example: personnel management skills, time management skills, conflict resolution skills and operating skills. The Colleges recognise the importance of these skills and methods of assessing them may be developed in the future.

Those parts of the syllabus that are suitable for assessment within the examination may be tested in either the Multiple-Choice Question (MCQ) Paper or the Objective Structured Clinical Examination (OSCE). Candidates should note that the generic principles behind good surgical practice contained in Part 1 (page 4) are as important as the clinical aspects and will be assessed.

The examination

The examination consists of two parts: a 2 hour MCQ Paper and an OSCE of about 30 stations, including a number of patient stations. The MCQ paper must be passed before the OSCE can be attempted. Typical tasks for the OSCE stations might include: interpretation of CT and MRI scans, clinical examination of patients' hearing, undertaking an audiogram or identification of features of an anatomical specimen.

SYLLABUS

This syllabus is divided into three parts. Part one contains the principles behind good clinical practice, part two covers the knowledge required to undertake this and part three covers the competencies needed for good clinical practice.

Part one draws heavily upon the precepts contained in the General Medical Council's publications Good Medical Practice (2001) and Duties of a Doctor (1995) The Colleges would like to acknowledge the generous use allowed by the Royal College of General Practitioners of its publication Good Medical Practice for General Practitioners, which was a major influence on the structure and wording of sections 1-10 of Part 1 of the syllabus.

The DOHNS examination aims to assess competence in the following areas:

- Good medical practice and care in otolaryngology
- General principles of clinical care
- The patient-doctor relationship, including communication and consulting skills
- Population, preventive and societal issues
- Professional, ethical and legal obligations
- Appraisal, monitoring the quality of performance, clinical governance and audit
- Risk and resource management
- Information management and technology
- Understanding the importance of probity
- Continuing professional development (CPD), learning and teaching

PART ONE

1. Good medical practice and care in otolaryngology

- Ability to recognise and manage medical conditions in the following broad categories:
 - Common
 - Preventable
 - Treatable
 - Potentially catastrophic, meaning life-threatening or disabling
 - Less common but serious
- Elucidating and evaluating a patient's condition, based on information gathering (history and symptoms) and, when necessary, clinical examination (interpreting signs) and appropriate procedural skills and/or special tests
- Demonstrating the ability to make competent clinical decisions (diagnosis) and selection of appropriate investigation and/or treatment and knowing when no investigation or treatment is indicated
- Employing sound skill-based clinical judgement to assess the seriousness of an illness in order to prioritise care
- Respecting the autonomy of patients as partners in medical decision-making
- Recognising and working within the limits of one's professional competence, showing a willingness to consult with colleagues, and where appropriate delegating or referring care to those who are recognised as competent
- Performing consistently well
- Practising ethically

2. General principles of clinical practice

Patient care

- Treating the patient as an individual.
- Integrating information on physical, psychological and social factors that impact on patients.
- Demonstrating awareness of individual and family psycho-dynamics and their interaction with health and illness.
- Demonstrating an appropriately focussed assessment of a patient's condition based on the history, clinical signs and examination.
- Emphasising, where appropriate, the self-limiting or relatively benign natural history of a problem and the importance of patients developing personal coping strategies.

Clinical issues

- Managing uncertainty, unpredictability and paradox by displaying an ability to evaluate undifferentiated and complex problems (at a level appropriate to this Diploma).
- Applying and being able to justify the practice of contextual evidence-based medicine.
- Demonstrating the appropriate use of equipment routinely used in otolaryngology and a familiarity with the breadth of tests offered in secondary care.

Management issues

- Managing challenge, conflict and change by pragmatically balancing issues of workload, capacity and demand.

- Resolving conflicts that may arise when making decisions about the use of resources and about patient care, when the needs or expectations of the individual patient and the needs of a population of patients cannot be fully met (resource allocation).

Managing oneself and working with others

- Possessing an awareness of the needs of a doctor as a person including self and family care,
- Recognising and working within the limits of one's professional competence.
- Possessing self-insight sufficient to identify one's own strengths and weaknesses
- Managing time and workload effectively and showing an ability to cope with pressure.
- Balancing conflicting interests when having a dual responsibility, such as a contractual obligation to a third party and an obligation to patients.
- Showing a flexibility of approach according to the different needs of a wide variety of patients, irrespective of their age, cultural, religious or ethnic background, their sexual orientation or any other special needs.
- Having an ability to work effectively in a team, either as a member or leader, accepting the principles of collective responsibility, and consulting colleagues when appropriate.
- Having knowledge of support systems, including contemporary human resource management techniques.

3. The patient-doctor relationship, including communication and consulting skills

- Applying the concepts of enablement and empowering patients to make informed choices.
- Respecting patients as competent and equal partners with different areas of expertise.
- Respecting the patients' perception of their experience of their illness (health beliefs); their social circumstances, habits, behaviour, attitude to risk, values and preferences.
- Acknowledging and integrating the patients' ideas, concerns and expectations, especially with regard to the nature of their complaint.
- Showing an interest in patients, being attentive to their problems, treating them politely and considerately and demonstrating listening skills.
- Showing familiarity with well-recognised consultation techniques.
- Establishing rapport with the patient.
- Effectively developing relationships with patients, especially by being empathic and sympathetic.
- Communicating and articulating with patients effectively, clearly, fluently and framing content at an appropriate level, including in written communications.
- Involving patients' significant others such as their next of kin or carer, when appropriate, in a consultation.
- Sensitively minimising any potentially humiliating physical or psychological exposure by respecting patients' dignity, privacy and modesty.
- Demonstrating an awareness of the doctor as a therapeutic agent, the impact of transference and counter-transference, and displaying an insight into the psychological processes affecting the patient, the doctor and the relationship between them.
- Possessing an awareness of professional boundaries, of avoiding dependence and compromising patients' coping mechanisms.
- Understanding the factors, such as longer consultations, which are associated with a range of better patient outcomes.

4. Population, preventive and societal issues

- Demonstrating an understanding of the doctor's advocacy role in society.
- Understanding the concept of public interest.
- Displaying an ability to make decisions that best serve the interests of a community or population of patients.
- Understanding the contemporary compact with patients and the rights and responsibilities of Government, the medical profession and the public.

- Understanding the definition of health and normality, the characteristics of healthy people, the qualitative measurement of health and the models of health and disease.
- Knowing the conditions which constitute the main reasons for patients consulting in otolaryngology
- Demonstrating an understanding of demographic and epidemiological issues and the health needs of special groups, and the way in which these factors modify people's use of the health care services.
- Recognising the impact of environment on health, including poverty, employment, housing, nutrition, occupational hazards and pollution.
- Demonstrating an awareness of socio-political dimensions of health, for example, health care systems, strategy and funding.
- Possessing knowledge of population-based preventive strategies including immunisation, hearing screening and population screening.
- Understanding the acceptable criteria for screening for disease, and applying the concepts of primary, secondary and tertiary prevention.
- Having knowledge of contemporary screening and recall systems.
- Recognising and using opportunities for individual disease prevention and promoting the positive aspects of a healthy lifestyle.

5. Professional, ethical and legal obligations

- Understanding the importance of and demonstrating possession of the appropriate professional values and attitudes, including consistency, accountability, and respect for the dignity, privacy and rights of patients and concern for their relatives.
- Understanding the difficulties associated with ensuring the provision of equity of care.
- Showing knowledge of and adhering to contemporary ethical principles.
- Observing and keeping up to date with the laws and statutory codes governing otolaryngological practice.
- Respecting the principle of confidentiality; and, when passing on information without a patient's consent, being able to justify the decision.
- Understanding the importance of, and demonstrating a commitment to, maintaining professional integrity, standards and responsibility.
- Ensuring that, whenever possible, the patient has understood what treatment or investigation is proposed and what may result, and has given informed consent before it is carried out.
- Demonstrating knowledge of the guidelines for the treatment of patients under 16 years of age, with or without the consent of those with parental responsibility.
- Demonstrating knowledge of issues relating to clinical responsibility, e.g. with regard to drug treatment.
- Having an awareness of contemporary contractual commitments.
- Showing awareness of the 'good Samaritan' principle, i.e. offering to anyone at risk treatment that could reasonably be expected.
- Demonstrating knowledge of safe practice and methods in the working environment - relating to biological, chemical, physical or psychological hazards - which conform to health and safety legislation.
- Understanding and applying the main areas of relevant legislation, including human rights, equal opportunities, disability, employment, data protection, access to medical reports, consumer protection, health and safety, children and child protection, deaths, controlled drugs, driving motor vehicles.

6. Risk and resource management

- Understanding of how to practise in such a way as to minimise the risk to patients of harm or error.
- Informing patients about their diagnosis, treatment and prognosis, including the effective communication of risk by exchanging information, preferences, beliefs and opinions with patients about those risks.

- Engaging patients in treatment and management decisions with a view to encouraging their autonomy in matters of health.
- Discussing options and alternatives, including their advantages and disadvantages.
- Explaining why a treatment is being prescribed, or a management plan proposed, and the anticipated benefits and potential side effects.
- Finding solutions to dilemmas resulting from priorities set by Government and the NHS and/or an employing or funding body; balancing the care of patients against the effects of decisions on the resources and choices available for other patients.
- Providing clear explanations of the nature of clinical evidence and its interpretation.
- Ensuring appropriate follow-up arrangements are made.
- Understanding the role of critical event reporting, clinical audit, analysis of patients' complaints and information provided by colleagues in improving patient safety.
- Responding to criticisms or complaints promptly and constructively, and demonstrating an ability to learn from them.
- Demonstrating knowledge of the obligations for notifying outside agencies, for example, regarding safety of medicines and devices to the Medicines Control Agency, and the procedures regarding notifiable diseases.
- Recognising and reporting concerns about underperformance by an organisation or an individual, ensuring that patient care is not compromised and that the appropriate action is taken to protect patients.
- Understanding the importance for both doctors and patients of ensuring adequate insurance or professional indemnity cover.

7. Appraisal, monitoring of quality of performance, audit and clinical governance

- Demonstrating a commitment to professional audit and peer review.
- Understanding the need for appraisals and assessments of professional competence, including revalidation procedures.
- Appreciating the importance of the culture of clinical governance.
- Understanding and application of the principles and terms used in both inferential statistics and evidence-based medicine.
- Applying critical appraisal skills, statistical interpretation and audit to evaluate care.
- Demonstrating an awareness of the systems and statutory bodies for monitoring standards of care.
- Having an awareness of the benchmarking tools used to provide analysis of national inpatient data to review provider performance such as length of stay, readmission rates, waiting times and treatment costs.

8. Information management and technology

- Keeping clear, accurate, legible and contemporaneous patient records, which report the relevant clinical findings, the decisions made, the information given to patients details of any drugs or other treatment prescribed and advice about follow-up arrangements.
- Employing written communication skills to make referrals, write reports and issue certification.
- Ensuring that colleagues are well informed when sharing the care of patients, especially to ensure adequate follow-up.
- Understanding the importance of ensuring that patients are informed about the information shared within teams and between those providing their care.
- Providing all relevant information about a patient's history and current condition when referring a patient to a colleague.
- Understanding and using informatics to facilitate practice.
- Applying population-based screening and recall systems.
- Encouraging awareness of patients' rights to review their clinical records.
- Demonstrating an awareness of advances in health informatics and computing technology, and their application in improving the delivery of good otolaryngological care

- Possessing the ability to search independent electronic databases for evidence, to critically appraise the evidence and to apply new knowledge or treatment in practice.
- Demonstrating an ability to use clinical resources such as medical informatics to facilitate the delivery of high quality care.

9. Continuing Professional Development (CPD), learning, teaching and training

- Understanding the need for career-long commitment to CPD, learning, teaching and training
- Understanding the interdependence of clinical practice, organisation, information management, research education and professional development.

10. Understanding the importance of probity

Understanding the importance of:

- Promoting honesty and openness in any financial arrangements with patients, avoiding any conflicts of interest and being an example of financial probity in society.
- Demonstrating truthfulness and honesty when completing certificates and other documents.
- Ensuring that any research undertaken in practice is done to the highest standards, as approved by a research ethical committee, to ensure that the care and safety of patients is paramount.
- Protecting patients' rights, including confidentiality, and ensuring that patients are not disadvantaged when involved in research.

PART TWO – CLINICAL KNOWLEDGE

This syllabus lists the clinical areas in which the candidate may expect to be examined. The guiding principle is the safe application of knowledge in the day-to-day practice of otolaryngology, at ST1 level. In the context of these clinical areas, 'applied' denotes the knowledge that is required to understand the subject's relevance to clinical and surgical otolaryngological practice.

Applied Anatomy and Embryology

- ear
- nose, and paranasal sinuses
- pharynx, larynx, trachea, oesophagus
- head and neck
- gross anatomy of the brain and the intracranial contents

Applied Physiology

- general physiological principles of the major systems
- respiratory tract
- swallowing
- phonation and speech
- endocrine glandular function, particularly thyroid, parathyroid and pituitary glands
- shock and circulatory support
- exocrine glands, particularly salivary glands
- special senses, particularly hearing, balance and olfaction

Applied Microbiology

- common and important infections
- HIV
- TB and syphilis
- control of transmission
- consent for testing
- notifiable diseases
- indications for and interpretation of results of common tests

Imaging

- ultrasound
- plain radiographs
- contrast imaging
- computerized tomography
- magnetic resonance imaging

Pharmaco-therapeutics

- pharmacology of drugs used in otolaryngology
- drug interactions
- common side effects
- iatrogenic disorders

Acoustics

Applied Pathology

- indications for and interpretation of results of common biochemical tests
- indications for and interpretation of results of common haematological tests
- macroscopic and microscopic appearances of common or important diseases found in otolaryngology

Applied Psychology

- presentation of common psychiatric disorders including anxiety, depression, obsessive compulsive disorder, and somatisation disorder as they effect otolaryngological practice
- functional disorders in otolaryngology

Epidemiology and Statistics

Medicolegal Issues

Clinical Practice

Taking a History and Clinical Examination

Conditions affecting the Ear, Nose and Throat

The disorders which will be examined will be common, preventable, treatable potentially life-threatening or serious.

The following areas should be considered for each disorder listed below:

- The natural history of the untreated condition, including whether acute or chronic
- An accurate idea of the prevalence and incidence across age range and ethnic group including any changes over time
 - Typical presentation
 - Risk factors
 - Diagnostic features
 - Recognition of features which would indicate extra concern
 - Treatment including initial, emergency and continuing care
 - Prognosis

Disorders of the Ear and Petrous Temporal Bone

Disorders of Balance

Disorders of Hearing

Disorders of Smell

Disorders of the Nose and Paranasal Sinuses

Disorders of the Mouth

Disorders of Swallowing

Disorders of the Larynx and Pharynx

Disorders of the Voice

Disorders of the Neck

These disorders will include: congenital and genetic conditions, infections, inflammations, trauma, tumours, iatrogenic conditions, degenerative conditions, endocrine and metabolic diseases.

A detailed knowledge of disorders of the teeth and cervical spine will not be expected, but candidates will be expected to know when to seek opinion from an appropriate specialist dealing in neurosurgery or maxillofacial surgery.

PART THREE – CLINICAL COMPETENCIES

Candidates will be expected to have knowledge and experience of the procedures listed below at the level indicated in the chart. In some cases it will only be possible to assess this knowledge in the MCQ paper, but in others parts of the practical procedures will be tested on models or by using other simulated techniques in the OSCE.

	Level 1 Know about	Level 2 Able to apply knowledge under supervision	Level 3 Able to apply knowledge independently
Antibiotics in the surgical patient			
Use of blood and its products			
The role/complications of diathermy			
Pain relief in surgery			
Thrombo-embolic prevention and management			
Wound care and nosocomial infection			
Suture techniques and materials			
Initial assessment and management of airway problems			
Initial management of foreign bodies in ENT			
Initial epistaxis and its management			
Initial management of facial fractures			

Radiology	Level 1 Be familiar with the indications for ordering	Level 2 Be able to interpret a report from a radiologist and identify the normal anatomical features	Level 3 Be able to detect common and obvious abnormalities	Level 4 Be able to detect important abnormalities in a clinical context
Plain films of the head, neck, sinuses and chest.				
CT scans of the sinuses, petrous bone, neck, chest and brain				
MRI scans of the sinuses, brain, neck, chest, head				
Contrast radiology of swallowing				
Sialography				
Ultrasound of the neck				
Common scintigraphy used in otolaryngology				
Audiology and Vestibular testing	Level 1 Know about	Level 2 Is able to interpret a report from an audiologist	Level 3 Is able to perform the procedure with supervision	Level 4 Able to perform the procedure independently
Perform simple tests for hearing including a pure tone audiogram, loudness discomfort levels and a tympanogram				
Brain stem evoked response audiometry				
Otoacoustic emissions				
Cortical evoked audiometry				
Electronystagmograph				
Equitest				
Rotating chair test				
Familiarity with different types of hearing aids available and the technique of mould impression				

Neurology	Level 1 Know about	Level 2 Is able to interpret a report from a neurologist	Level 3 Is able to perform the procedure with supervision	Level 4 Able to perform the procedure independently
Clinical neurological examination				
Ophthalmoscopy				
Lumbar puncture				
Electromyograph				
Electroneuronograph				
Electroencephalograph				
Otology	Level 1 Know about	Level 2 Familiar with and/or has seen procedure and can assist a competent person	Level 3 Is able to perform the procedure with supervision	Level 4 Is able to perform procedure independently
Examination of the ear – auriscope				
Examination under the microscope – de wax external meatus and mastoid cavity				
Suction clearance for otitis externa and insertion of wick				
Removal of simple foreign bodies				
Myringotomy and grommet insertion				
Incision for mastoid surgery				
Clinical examination of hearing				
Clinical examination of vestibular function				
Rhinology				
Examination of the nose and sinuses– anterior rhinoscopy				
Examination of smell including the UPSIT				
Rigid endoscopy				
Flexible nasendoscopy and examination of the post nasal space				

Suction under endoscopic control of surgical cavity				
Insertion and removal of a nasal pack and or balloon for epistaxis				
Simple polypectomy				
Biopsy of the nose and nasopharynx				
Antral washout in the management of acute sinusitis				
Removal of simple foreign bodies				
Drainage of septal haematoma				
Reduction of fractured nose				
Submucous resection				
Reduction of turbinates				
Laryngology				
Examination of the larynx – indirect laryngoscopy				
Flexible laryngoscopy				
Direct laryngoscopy				
Biopsy of the larynx, pharynx and oral cavity (including tongue)				
Adenoidectomy and tonsillectomy				
Removal of simple foreign bodies from the oropharynx and hyperpharynx				
Incision/drainage of quinsy				
Neck				
Examination of the neck				
Emergency and elective tracheostomy				
Fine needle aspiration biopsy of a neck lump				

Medical Statistics	Level 1 Know about	Level 2 Is able to apply when reading a research paper	Level 3 Is able to perform the procedure with assistance from a statistician	Level 4 Is able to apply the knowledge independently in research and audit
Concepts used in evidence based medicine including: specificity, sensitivity, absolute risk, absolute risk increase and reduction, hazard ratio, negative predictive value, number needed to harm, number needed to treat, odds, odds ratio, relative risk				
Basic statistical concepts, sampling, inclusion and exclusion criteria, bias, confidence intervals, prevalence, incidence, probability and interpretation of results of common statistical tests of parametric and non-parametric data				
Research design. Limitations and strengths of methodologies including, case control, cohort, and pilot studies. Questionnaire design. Qualitative studies and randomised control trials				
Meta-analysis and systematic reviews				
Research results – reliability, validity, generalisability.				
Systematic appraisal of research papers				
Application of results in the clinical context				

READING

Candidates should keep up-to date with statements on safe surgical practice from the GMC and should keep abreast of current developments in theory and practice by reading widely.

In order to meet the requirements of the Diploma for knowledge of good medical and surgical practice, all candidates must be familiar with the following publications:

- Good Medical Practice (2001) GMC
- Duties of a Doctor (1995) GMC
- Seeking Patient Consent: the Ethical Considerations (1998) GMC
- Research: The Roles and Responsibilities of Doctors (2002) GMC
- Withholding and Withdrawing Life-Prolonging Treatments: Good Practice in Decision Making (2002) GMC
- Also other GMC publications, all available from their website: www.gmc-uk.org