

**Union Europeenne des Medecins Specialistes (UEMS)**

**European Union of Medical Specialists (UEMS)**

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**Subspecialty training programme in Rhinology-approved at UEMS-ORL Board and Section meeting 2<sup>nd</sup> October 2015, Amsterdam**

## **Introduction**

The UEMS-ORL Section and Board of Otorhinolaryngology-Head and Neck Surgery is proposing a European training programme for the subspecialty of rhinology. This training programme is based on a successfully completed post-graduate (specialist) training in otorhinolaryngology-head and neck surgery as defined in the UEMS-ORL section and board accepted training programme of otorhinolaryngology-head and neck surgery (<http://orluems.com>). It is not aimed at reducing the core skills of general otolaryngologists but aims to enhance the level of care that patients in Europe would be receiving in the specialized areas of rhinology practice that are not usually carried out by the general otolaryngologist. A sub-specialist in rhinology would be a general otolaryngologist and head and neck surgeon who would further develop his/her advanced skills, knowledge and interests in rhinology so as to be able to subsequently offer services in some of these fields.

This programme shall serve as a guideline for approved training centres to enable the rhinology fellows to meet European Standards, as set out by the European Board of UEMS-ORL section. The aim of this training programme is to achieve competency based assessment of graduates.

## **DEFINITION**

Otolaryngology-Head and Neck Surgery (ORL-HNS) is composed of doctors who have postgraduate training in the specialty which deals with functions, diseases and disorders, of children and adults; of the external, middle and inner ear, the temporal bone and lateral skull base, the oral cavity, pharynx, larynx, trachea, oesophagus, as well as the neck which includes thyroid and salivary glands including adjacent structures in the head and neck. The specialty training includes investigation and treatment of diseases and disorders that affect the auditory, vestibular, olfactory and gustatory senses; and includes disorders of the cranial nerves; together with human communication with respect to speech, language and voice disorders; and conditions that affect

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mastication and upper swallowing and digestion. Other conditions diagnosed by the specialty of otorhinolaryngology, head and neck surgeons, but located in adjoining anatomic areas will be treated in close knowledge and cooperation of those related specialists.

The subspecialty of Rhinology is composed of doctors who have acquired, during their subspecialty training, thorough depth and breadth of knowledge and practical skills in the history taking, examination, treatment planning and surgical and medical management of infections and inflammatory conditions of the nose and sinuses, tumours of nose, face, skull base and paranasal sinuses, the management of rhinological emergencies and trauma, the diagnosis and treatment of facial pain, and rhino-allergology with immunotherapy and its testing as detailed and defined in the accompanying log book, in both adults and children. The Rhinology subspecialist should show competency in managing rhinological emergencies, in managing more complex outpatient/ambulatory cases in rhinology and should have shown some contribution to the body of knowledge of European rhinology.

The specialty of Rhinology does not mean to substitute the specialty of Allergology but such a subspecialist should be competent in the areas of allergology as related to rhinology (rhino-allergology).

## **TRAINING CENTRE OR INSTITUTION**

Each year the UEMS-ORL section web pages will publicly advertise an opportunity for suitable training centres throughout the European community to apply for accredited recognition as an advanced training centre for the subspecialist training programme in Rhinology. Each centre will be approved by a site visitation. The development of a fellowship programme in Rhinology is deemed most likely to succeed when integrated into existing training programmes to enhance rather than compete for educational purposes. A working time-table for each Fellow must be suggested and submitted in writing at the time of application. This time-table may be modified or changed following discussions, and must be reviewed annually and for each new Fellow.

Approval as a training centre would be renewable every 5 years, following further assessment.

### **Requirements of the training centre**

The training centre should satisfy in general the requirements as set out in Chapter 6 (Charter on Training of Medical specialists in the EU Requirements for the Specialty Otorhinolaryngology and Cervico-facial Surgery - amended June 2001) and in particular should have the following:

1. Evidence of centralization of patient care in rhinology and other branches of otolaryngology-HNS

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2. Evidence of sustained clinical volume and activity in the management of emergency and ambulatory rhinology cases over the previous 5 years.
3. Multidisciplinary team management (MDT) of cases that may not completely be within the remit of a rhinologist-examples include skull base tumours (neurosurgeon), facial skeleton reconstruction (maxillofacial surgeon), plastic/reconstructive surgeon for free-flap repair of post-oncological resection of facial defects or for craniofacial abnormalities (cleft palate, Pierre-Robin syndrome, Apert syndrome etc), multidisciplinary management of atopic airway disorders (rhinosinusitis and asthma).
4. The adequate presence of clinicians and supporting staff related to the MDT is essential as well as the availability of nursing care as appropriate.
5. A clinical ward for in-patients and day-care facilities for diagnostic and surgical procedures.
6. A fully equipped out-patient department for consultation with ORL patients including emergencies. Equipment should be available for microscopic and endoscopic examinations.
7. 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
8. Facilities for anatomical dissection with microscopic and/or endoscopic instrumentation.
9. Facilities and time available for didactic learning opportunities.
10. Facilities and time allocation for basic scientific research.
11. Facilities for study and availability of a library with adequate textbooks, journals, internet connection and other multimedia material.
12. A conference room for deliberation and tutorial sessions.

## **THE TRAINEE OR FELLOW**

Fellows admitted to the Subspecialty programme in Rhinology should have completed their specialist training on Otorhinolaryngology-head and neck surgery, obtained their European Board-ORL exam or equivalent and must have been registered as an ORL specialist for at least one year.

1. Applications will be made in writing and supported by two references, two of which would be current trainers/mentors
2. Previous clinical and surgical work in the subspecialty will be taken into consideration in the selection process
3. Candidates for selection will be requested to attend for interview. Appointment to the training programme will be competitive
4. The clinical training will be for a period of at least one year full time or part-time equivalent based on competency attainment. and training will not be extended for over 2 years duration
5. The fellow must take part in all facets of clinical activity, and must not be considered a resident in general ORL-HNS

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6. Depending on individual Fellow's needs, a period of time may be seconded to allied subspecialties such as Neurosurgery, Facial Plastic surgery or Oncology for a period of no longer than 3 months or to other certified institutions. Approval of the supervising programme director will be required
7. Participation in surgical research is strongly encouraged with a major contribution in at least one scientific peer-reviewed publication during the programme, and contribution to journal clubs at the training institution.
8. Within the 2 years of subspecialty training, attendance at three courses accredited by the European Rhinological Society/European Academy/European Federation of Oto-Rhino-Laryngological Societies.
9. Producing evidence of participation in workshops in two European (or US) and two national rhinological meetings or the equivalent. This may include workshops on allergy/immunology.
10. Each year the fellow must return to the Board an evaluation form on the programme content and structure, supervision and expertise of the trainers, including the programme director.

## **THE PROGRAMME DIRECTOR**

1. The programme director must have a National or International reputation as a rhinologist, with more than 10 years of professional experience and with an academic background
2. Each programme director must be supported by his national ORL society and the UEMS-ORL
3. The hospital administrator or Chief executive, the Dean of the Medical School, and, if applicable, the Professor or ORL/HNS or equivalent should support the development of the Rhinology Fellowship programme.
4. The programme director must contribute sufficient time to the programme to assure adequate leadership.
5. The programme director must demonstrate an interest in teaching, as well as demonstrating a track record in education and mentorship, including participation in scientific societies, presentations and publications of scientific and clinical studies at international meetings and an active rhinological research programme.
6. Other full time surgical faculty members should be committed to the training programme
7. The use of fellows exclusively to solely service clinical commitments or to train medical students/residents is strictly prohibited.

## **CORE CURRICULUM**

The core curriculum includes the breadth and depth of knowledge as defined by the UEMS-ORL logbook. It is important to have knowledge of European and international guidelines in the field such as EPOS 7, EPOS 12, ARIA. Core knowledge includes the following topics:

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1. Rhinosinusitis, including allergy, inflammation and infection
2. Congenital and acquired deformities of the facial and nasal skeleton, including septorhinoplasty
3. Tumours of the nose and paranasal sinuses including skin tumours of the face, head, and neck and anterior skull base
4. Epistaxis
5. Facial Pain
6. Disorders of the sense of smell
7. Surgical management of epiphora
8. Facial trauma

This includes conducting operative procedures as primary surgeon, and also carrying out advanced operations that it is only required to assist at for achieving the European Diploma (see guide to log book below).

## **THE PROGRAMME**

### **Academic**

1. Programmes must develop a structured curriculum with defined goals and objectives
2. Clinical, basic science and research activities as well as seminars and critical literature review activity pertaining to the subspecialty, must be conducted regularly and as scheduled
3. It is essential that the fellow participates in the planning and conducting of conferences. Both the faculty and trainees must attend and participate in multidisciplinary conferences
4. Fellows must have the appropriate supervised opportunities to develop skills in providing consultation and communication with colleagues and referring clinicians
5. Fellows' training must involve increasing responsibility in both inpatient and outpatient environments and should culminate in significant patient management responsibilities spent within the institution

### **Clinical**

1. Programmes must provide structured clinical opportunities for fellows to develop advanced skills in rhinology and rhino-allergology
2. On completion of training the fellow must have had a cumulative experience sufficient to become a senior operating or teaching surgeon
3. Clear lines of responsibility between fellows and trainees must be defined at the commencement of each stage of training and for the duration of training
4. The working relationship between the fellow and the resident trainees must be complementary and must enhance educational experience

### **Audit and management skills**

The Fellow should be skilled not only technically and in teaching, but also in auditing clinical outcomes and show a good concept of team/department management.

### **Evaluation**

1. The programme director must establish procedures for evaluating the clinical and technical competence of the fellow. The fellow shall document his/her progress by keeping the UEMS logbook of Rhinology subspecialty training
2. Faculty Evaluation-the training faculty must evaluate the fellow on a semi-annual basis and must include teaching ability and commitment, clinical knowledge and scholarly contributions
3. Programme evaluation-There should be documented evidence of periodic evaluation of the programme in relation to the educational goals, the needs of the fellows and the teaching responsibilities of the faculty
4. At the end of training the fellow needs to pass an examination by the programme Director to demonstrate his/her knowledge of the required literature and clinical knowledge. Depending on the legislation the examination can be National or European. On completion of the training, successful demonstration of competency and success in the European examination the candidate will be able to use the suffix "Graduate of European training in Otorhinolaryngology-Rhinology and Rhino-allergology" (ETORL-R)

In order to achieve the core knowledge necessary, the following textbooks are suggested for study and the following journals for reference:

#### **Textbooks:**

Scott Brown's Otorhinolaryngology, 7<sup>th</sup> edition (2008)

Rhinology, NS Jones, Pub Hodder Arnold

Investigative Rhinology, Scadding GK, Lund VJ

Manual of Endoscopic Sinus Surgery, Simmen D, Jones NS

Endoscopic sinus surgery: Anatomy, Three-dimensional reconstruction, and surgical technique. Wormald PJ, 2013

The Frontal Sinus, Kountakis, Senior, Draf, 2010

Surgery for Sleep Disordered Breathing, Hormann K, Verse T

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Rhinology and skull base surgery, Georgalas and Fokkens, 2013

Rhinology, Kennedy and Hwang, 2013

Advanced Caucasian and Mediterranean rhinoplasty, Lohuis P, 2014

**Journals:**

Rhinology

Journal of Allergy and Clinical immunology

American Journal of Rhinology & Allergy

Allergy & Rhinology

## **CONTENT OF THE LOGBOOK**

The log book is divided into six sections.

- I Basic objectives.
- II Otology
- III Nose and paranasal sinuses
- IV Larynx, tracheobronchial tree
- V Oral cavity, pharynx, oesophagus
- VI Head and neck and aesthetics

For general otolaryngological trainees, a knowledge and understanding is required of the topics listed in Section I Basic Objectives.

The sections I - VI list the typical contents of the current ORL-HNS specialty. Knowledge, experience and skills are tabulated in three sub-sections.:

- A Diagnostic procedures
- B Non surgical management
- C Surgical management

The general otolaryngological trainee must have knowledge and understanding of diagnostic procedures and of non-surgical management.

The columns in the log-book in the sub-sections (C) Surgical Management are divided into two sections.



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1. **General**

Under this heading all items are listed which must be experienced by the end of the training period by every ORL-HNS trainee, in order to guarantee a medical service which fulfils the recommendation of the UEMS Section and Board, to achieve and maintain the highest standards.

2. **Advanced**

Under this heading the skills and operative managements are listed, which are usually provided by University centres or specialized departments. The fellow is expected to acquire knowledge of these methods and should be able to perform most of these procedures/managements during the subspecialty training programme. In order to fulfil this, attendance at more than one centre may be required.

The progression and the number of procedures performed are recorded in three categories:

- (a) Fellow assists the trainer (a)
- (s) Fellow requires supervision/assistance by the trainer whilst he/she performs the procedure/management (s)
- (i) Fellow performs the procedure/management independently/alone with the trainer available (i).

For example:

|                         | 1 <sup>st</sup> year |   |   | 2 <sup>nd</sup> year |   |   |  |  |  |  |  |  |  |
|-------------------------|----------------------|---|---|----------------------|---|---|--|--|--|--|--|--|--|
|                         | a                    | S | i | a                    | s | i |  |  |  |  |  |  |  |
| <b>Septorhinoplasty</b> | -                    | - | - | 3                    | - | - |  |  |  |  |  |  |  |

The relevant trainer should endorse by signing and dating in column 3, when the fellow has achieved competency with each particular management or procedure.

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## **CHARTERS ON TRAINING AND VISITATION**

Trainees are advised to familiarize themselves with the UEMS Charter on Training of Medical Specialists [www.uems.net](http://www.uems.net) The ORL-HNS Section and Board amended this Charter in June 2001 in relation to the requirements for the Specialty of ORL-HNS. The amended document can be found on the Section Website [www.orluems.com](http://www.orluems.com).

The website also includes UEMS Charters on:

1. Continuing medical education
2. Quality assurance
3. Visitation of training centres.

## III. Nose and paranasal sinuses

| <b>A. Diagnostic Procedures</b>  |   |
|----------------------------------|---|
| <b>a) CLINICAL EXAMINATION</b>   |   |
| 1                                | assessment and ethnic variation                   |
| 2                                | aesthetic proportions of the face                 |
| 3                                | effects of aging process                          |
| 4                                | anterior and posterior rhinoscopy                 |
| 5                                | endoscopy   |
| 6                                | Microscopy  |
| 7                                | Photography                                       |
| <b>b) TESTS OF FUNCTIONS</b>     |   |
| 8                                | rhinomanometry/PNIF (Peak Nasal Inspiratory Flow) |
| 9                                | acoustic rhinometry                               |
| 10                               | olfactory tests (subjective, objective)           |
| 11                               | ciliary function tests                            |
| <b>c) IMAGING</b>                |   |
| 12                               | Conventional X-ray                                |
| 13                               | interpretation of                                 |
| a.                               | CT-scan   |
| b.                               | MR-imaging  |
| c.                               | Isotope scan (scinti-scan)                        |
| 14,                              | Interpretation of Angiography                     |
| <b>d) ALLERGY INVESTIGATIONS</b> |   |
| 15                               | epicutaneous allergen tests                       |
| 16                               | intracutaneous allergen tests (Prick, Scratch)    |
| 17                               | nasal provocation tests                           |

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18 nasal cytology

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19 interpretation of serological tests (Specific IgE, Total IgE)

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## **B. Non-surgical Management**

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20 pharmacological therapy, including management of headache and facial pain

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21 specific immunotherapy (hyposensitization)

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22 anaphylaxis reaction therapy

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*Trainee must have knowledge and understanding  
of the procedure/management*

|    | Date competence is achieved | Signature |
|----|-----------------------------|-----------|
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| a. |                             |           |
| b. |                             |           |
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| d. |                             |           |
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|                               |  | General |   | Subspecialist |
|-------------------------------|--|---------|---|---------------|
|                               |  | s       | i |               |
| <b>C. Surgical Management</b> |  |         |   |               |
| <b>Nose</b>                   |  |         |   |               |
| 24                            | local and regional anaesthesia                               |         | X |               |
| 25                            | control of nasal epistaxis                                   |         | X |               |
| a.                            | nasal packing  |         | X |               |
| b.                            | nasal cautery  |         | X |               |
| 26                            | foreign body removal   |         | X |               |
| 27                            | nasal polypectomy  |         | X |               |
| 28                            | turbinate surgery  |         | X |               |
| 29                            | reposition of nasal fractures                                |         | X |               |
| 30                            | incising abscesses   |         | X |               |
| 31                            | septal surgery   |         | X |               |
| 32                            | revision septoplasty   | X       |   |               |
| 33                            | septum perforation repair                                    |         |   | X             |
| 34                            | closed rhinoplasty   |         | X |               |
| 35                            | open rhinoplasty   |         | X |               |
| 36                            | revision rhinoplasty   |         |   | X             |
| 37                            | complicated rhinoplasty                                      |         |   | X             |
| 38                            | augmentation rhinoplasty                                     |         |   | X             |
| 39                            | cleft patient rhinoplasty                                    |         |   | X             |
| 40                            | reduction rhinoplasty  |         | X |               |
| 41                            | rhinophyma operation   |         | X |               |
| 42                            | correction of malformations (e.g. choanal atresia, fistulas, |         |   | X             |

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|   |   |   |  |
|---|---|---|--|
| dermoids, etc.)   |   |   |  |
| 43 management of immediate post-operative complications | X |   |  |
| <b>Paranasal Sinuses</b>                                |   |   |  |
| 44 sinus endoscopy                                      |   | X |  |
| 45 antral lavage  |   | X |  |
| 46 endoscopic antrostomy                                |   | X |  |
| 47 radical antrostomy (Caldwell-Luc)                    |   | X |  |
| 48 frontal sinus trephination                           |   | X |  |
| 49 external frontal sinus surgery                       |   | X |  |



[Type text]

| <b>Total No<br/>of<br/>procedure<br/>s</b> | 1st year |   |   | 2nd year |   |   | Date when<br>competency is<br>achieved |
|--|----------|---|---|----------|---|---|--|
|  | a        | s | i | a        | s | i |  |
|  |          |   |   |          |   |   |  |
|  |          |   |   |          |   |   |  |
| 24   |          |   |   |          |   |   |  |
| 25   |          |   |   |          |   |   |  |
| a.   |          |   |   |          |   |   |  |
| b.   |          |   |   |          |   |   |  |
| 26   |          |   |   |          |   |   |  |
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[Type text]

|    |  | General |   | Advanced |
|----|--|---------|---|----------|
|    |  | S       | i |          |
| 50 | external ethmoidectomy   | X       |   |          |
| 51 | endonasal ethmoidectomy (endoscopic, microscopic)  |         | X |          |
| 52 | fronto-ethmoidectomy (endoscopic)  | X       |   |          |
| 53 | sphenoid sinus surgery   | X       |   |          |
| 54 | revision paranasal sinuses operation   |         |   | X        |
| 55 | closure of oro-antral fistula  |         |   | X        |
| 56 | ligation of maxillary or ethmoidal artery  |         |   | X        |
| 57 | orbital decompression procedures   |         |   | X        |
| 58 | Endoscopic dacryo-cysto-rhinostomy   |         |   | X        |
| 59 | management of CSF leak   |         |   | X        |
| 60 | tumour surgery   |         |   |          |
| a. | maxillectomy (partial, total)  |         |   | X        |
| b. | lateral rhinotomy  |         |   | X        |
| c. | midfacial degloving  |         |   | X        |
| d. | combined approach to the anterior skull base   |         |   | X        |
| e. | orbitotomy   |         |   | X        |
| f. | exenteration of orbit  |         |   | X        |
| g. | surgery of the anterior skull base (incl. osteoplastic flap, dura plasty and related techniques) |         |   | X        |
| 61 | repair of injuries (traumatology)  |         |   |          |
| a. | soft tissue injuries   |         | X |          |
| b. | nasal fractures  |         | X |          |
| c. | septal haematoma   |         | X |          |
| d. | paranasal sinus fractures  | X       |   |          |

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|----|--|---|--|---|
| e. | fractures of orbit including blow out fracture | X |  |   |
| f. | fractures of zygoma                            | X |  |   |
| g. | optic nerve decompression                      |   |  | X |
| h. | reconstruction of the anterior skull base      |   |  | X |

[Type text]

| <b>Total No of procedures</b> | 1st year |   |   | 2nd year |   |   | Date when competency is achieved |
|-------------------------------|----------|---|---|----------|---|---|----------------------------------|
|                               | a        | s | i | a        | s | i |                                  |
| 50                            |          |   |   |          |   |   |                                  |
| 51                            |          |   |   |          |   |   |                                  |
| 52                            |          |   |   |          |   |   |                                  |
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| 54                            |          |   |   |          |   |   |                                  |
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| 57                            |          |   |   |          |   |   |                                  |
| 58                            |          |   |   |          |   |   |                                  |
| 59                            |          |   |   |          |   |   |                                  |
| 60                            |          |   |   |          |   |   |                                  |
| a.                            |          |   |   |          |   |   |                                  |
| b.                            |          |   |   |          |   |   |                                  |
| c.                            |          |   |   |          |   |   |                                  |
| d.                            |          |   |   |          |   |   |                                  |
| e.                            |          |   |   |          |   |   |                                  |
| f.                            |          |   |   |          |   |   |                                  |
| g.                            |          |   |   |          |   |   |                                  |
| 61                            |          |   |   |          |   |   |                                  |
| a.                            |          |   |   |          |   |   |                                  |
| b.                            |          |   |   |          |   |   |                                  |
| c.                            |          |   |   |          |   |   |                                  |
| d.                            |          |   |   |          |   |   |                                  |
| e.                            |          |   |   |          |   |   |                                  |

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|----|--|--|--|--|--|--|--|
| f. |  |  |  |  |  |  |  |
| g. |  |  |  |  |  |  |  |
| h. |  |  |  |  |  |  |  |