

**UNION EUROPEENNE DES MEDECINS SPECIALISTES (UEMS)  
EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)**

**SUBSPECIALTY TRAINING PROGRAMME IN**

**LARYNGOLOGY**

**January 2018**

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**DEFINITION**

Otorhinolaryngology-Head and Neck Surgery (ORL-HNS) is the medical specialty which deals with functions and diseases, trauma, malformations and other disorders in childhood and in adults; of the ear, temporal bone and lateral skull base, nose, paranasal sinuses and anterior skull base, oral cavity, pharynx, larynx, trachea, oesophagus, head, neck, thyroid, salivary and lacrimal glands and adjacent structures. It also includes investigation and treatment of conditions affecting the auditory, vestibular, olfactory and gustatory senses and disorders of the cranial nerves; as well as human communication in respect to speech, language and voice disorders. Some of the conditions diagnosed by the Otorhinolaryngologists but located in adjoining areas will be treated with close cooperation with these related specialists (defined by UEMS-ORL).

Laryngology is the subspecialty of ORL-HNS dealing with diagnosis and treatment of voice, swallowing, laryngeal airway disorders and laryngo-pharyngeal cancer. The subspecialty of laryngology is practiced by physicians who have acquired their specialization in ORL-HNS, after which they have had additional training in the above mentioned aspects of this subspecialty. They have thorough knowledge of laryngo-pharyngeal function and both knowledge and of – and practical skills in performing the examination, treatment planning, surgical and non-surgical treatment of laryngo-

pharyngeal disease such as the ones defined in the logbook for the UEMS fellowship programme.

## **THE TRAINING CENTRE OR INSTITUTION**

Suitable training centres can apply for accredited recognition as a training centre for the subspecialty training programme in laryngology. An opportunity to apply will be publically advertised on the ELS website, the UEMS ENT section web pages and throughout the European community each year. Each centre will apply by written application, which will be reviewed by the Accreditation Board. If one centre is not able to cover all aspects of the fellowship program they can apply jointly with a partner centre which is able to the lacking aspects of the training.

Each centre will be approved by a visitation. Approval as a training centre would be renewable every 5 years, following further assessment.

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

1. Evidence of centralisation of patient care in this institution.
2. Evidence of a sustained clinical volume and activity in management of laryngo-pharyngeal disease during a period of 5 years.
3. Evidence that management of voice, airway and swallowing disorders is supervised by a multidisciplinary team (MDT). Meetings of the team members should be held on regular basis. Evidence that such meetings exist would be validated by inspection of attendance sheets and case record discussions.
4. There should be an adequate number of clinicians directly related or affiliated to such a MDT (at least 2 full time laryngologists along speech therapists and phoneatricsians (optional) as well as other related subspecialists such as, pulmonologists, radiologists, thoracic surgeons, specialists in pediatric ENT and gastrointestinal disease etc).
5. Modern technology should be available for patient examination, data storage and surgery.
6. Facilities and time should be available for didactic learning opportunities.
7. Facilities and time should be allocated for scientific research.
8. Facilities for study should be available such as the availability of library, journals, textbooks, videos, internet etc.
9. A training plan for the laryngologist fellow must be submitted in written form at the time of application. Modifications and changes to this training plan must be reviewed.
10. The use of fellows exclusively for expansion of clinical practice or medical student/residency training is strictly prohibited.

## **THE TRAINEE OR FELLOW**

Admission to the Subspecialty Training Programme in laryngology is contingent upon completion of post graduate (specialist) training in Otorhinolaryngology - Head and Neck

Surgery. Fellows must have been registered as an ORL Specialist for at least two years in an EU country.

1. Applications will be made in writing and supported by references attesting to suitability from three clinical referees, at least two out of which must be from current mentors/trainers.
2. Previous non-surgical and surgical work in the subspecialty will be taken into consideration in the selection process.
3. Candidates will be requested to attend an interview. Appointment to the training programme will be by selection.
4. The clinical training will be for a period of 2 years full-time or equivalent part-time training and will not be extended for any additional period of time.
5. The fellow must take part in all facets of laryngological clinical activity, and must not be considered as a resident in general ORL-HNS. Therefore, the fellow must be capable of working as a fully licenced doctor in the country of training with adequate knowledge of the language and the medical and sociomedical legislation of the country.
6. Depending on individual fellow's needs, a period of time may be seconded to allied specialities such as phoniatics or head and neck surgery for a period of three months. Approval of the supervising programme director will be required.
7. Participation in the development and implementation of interdisciplinary research is to be strongly encouraged. Before acquiring the status of subspecialist in laryngology the fellow should have made a major contribution to at least one peer-reviewed laryngological scientific publication.
8. During the 2 years of subspecialty training the candidate should attend at least two courses accredited by the European Laryngological Society, the European Academy or equivalent authorities in the US.
9. Ample time should be provided for study during the weekly working program (e.g. reading of nominal journals and text books, attending courses and congresses etc.)
10. Each year the fellow must submit a report to the UEMS Board. The report should include evaluation of the programme content and structure as well as supervision and expertise of the trainers.

## **THE PROGRAMME DIRECTOR**

1. The programme director must have a national or international reputation as a laryngologist with more than 10 years of professional experience and with an academic background (e.g. docent or equivalent).
2. Each programme director must be supported by his or her national ORL-HNS society and national laryngological society (if one exists).
3. The hospital administrator or Chief Executive, the Dean of the Medical faculty, and the department head of ORL-HNS or equivalent leader in the ORL-HNS department must support the programme director in the development of a fellowship programme in laryngology

4. The programme director must contribute sufficient time to the programme to assure adequate supervision and management thereof.
5. The programme director must demonstrate an interest in teaching, as well as demonstrating a track record in education and mentorship, including participation in regional and national scientific societies, presenting and publishing of scientific and clinical studies and/or active participation in research pertaining to laryngology.

## **THE PROGRAMME**

### **Academic**

1. Programs must develop a structured curriculum with defined goals and objectives.
2. Clinical, basic science and research conferences as well as seminars and critical literature review activities pertaining to the subspecialty, must be conducted regularly and as specified in the programme.
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 appropriate supervised opportunities to develop skills in consultation and communication with colleagues and referring clinicians.
5. Fellows' training must involve increasing amounts of responsibility in both inpatient and outpatient environments and should culminate in significant patient management responsibilities within the institution.

### **Clinical**

1. Programmes must provide structured clinical opportunities for fellows to develop advanced surgical and non-surgical skills in laryngology.
2. On completion of training the fellow must have had sufficient experience to be considered a senior surgeon both in operating skills and teaching capabilities.
3. Clear lines of responsibility between fellows and resident trainees must be defined at the commencement of each stage of training.
4. The working relationship between the fellow and the resident trainees must be complimentary and must enhance the educational experience.

### **Evaluation**

1. The programme director must establish procedures for evaluating the clinical and technical competence of the fellow. The trainee will document his/her progress by keeping the UEMS logbook of laryngology subspecialty training.
2. The training faculty must evaluate the fellow on a semi-annual basis and must include evaluation of clinical knowledge and skills as well as teaching ability, commitment and scholarly contributions
3. There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the fellows and the teaching responsibilities of the faculty.

4. On the completion of training, the fellow needs to prove his/her knowledge of the required literature and competence in the clinical skill. The candidate's competence should be established according to the legislation of the country of training and approved by the programme director.
5. After successful passing of the programme the candidate will be able to use the suffix 'Graduate of European training in Laryngology'.

## **CONTENT OF THE LOGBOOK**

The log book is divided into sections. The fellow is responsible for the contents of the logbook.

Knowledge, experience and skills are tabulated in three sub-sections:

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

The columns in the logbook are divided into two sections: general and advanced.

### **1. General**

Under this heading all tasks and procedures which the fellow must be able to perform by the end of the training, as well as the required level of experience, are listed in order to guarantee a medical service which fulfils the recommendation of the UEMS ORL Section and Board which is to achieve and maintain the highest standards.

### **2. Advanced**

Under this heading the tasks and procedures are listed, which the fellow is not expected to be able to perform after this European Training programme. However, all trainees should be familiar with these methods.

The progression of the Fellow must be recorded on an annual basis (years 1 - 2) with the number of procedures performed in three categories:

- (a) fellow assists the trainer
- (s) fellow requires supervision/assistance by the trainer whilst he or she performs the procedure or task
- (i) fellow performs the procedure/task independently/alone with the trainer available for consultation if necessary.

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

The log-book is published on a separate attachment.

## **CHARTERS ON TRAINING AND VISITATION**

Fellows 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.

The information for the Logbook may also be collected and collated electronically, <http://orluems.com>

## **REQUIRED LITERATURE**

### **ORL**

Annikko M, Bernal-Sprekelsen M, Bonkowsky V, Bradley P, Lurato S:  
Otorhinolaryngology Head Neck Surgery, Springer Berlin, 2010

or

Scott-Brown's Otorhinolaryngology. Head and Neck Surgery vol 1-3 Eds Michael Gleeson et al. 7. edition 2008 (electronic)

### **LARYNGOLOGY**

Merati AL, Bielowicz SA. Textbook of Laryngology. Plural Publishing, San Diego 2007  
Hermans R. Imaging of the Larynx, Berlin 2001

### **OPERATIVE SURGERY**

Remacle M, Eckel HE. Surgery of larynx and trachea. Springer 2010

or

Rosen CA, Simpson CB . Operative Techniques in Laryngology. Springer 2008

## **SCIENTIFIC JOURNALS**

### **(Last two years issues, relevant articles)**

1. European Archives of Otorhinolaryngology and Head and Neck
2. The Laryngoscope
3. Journal of Voice
4. Annals of Otorhinolaryngology