

STR Welcome Pack

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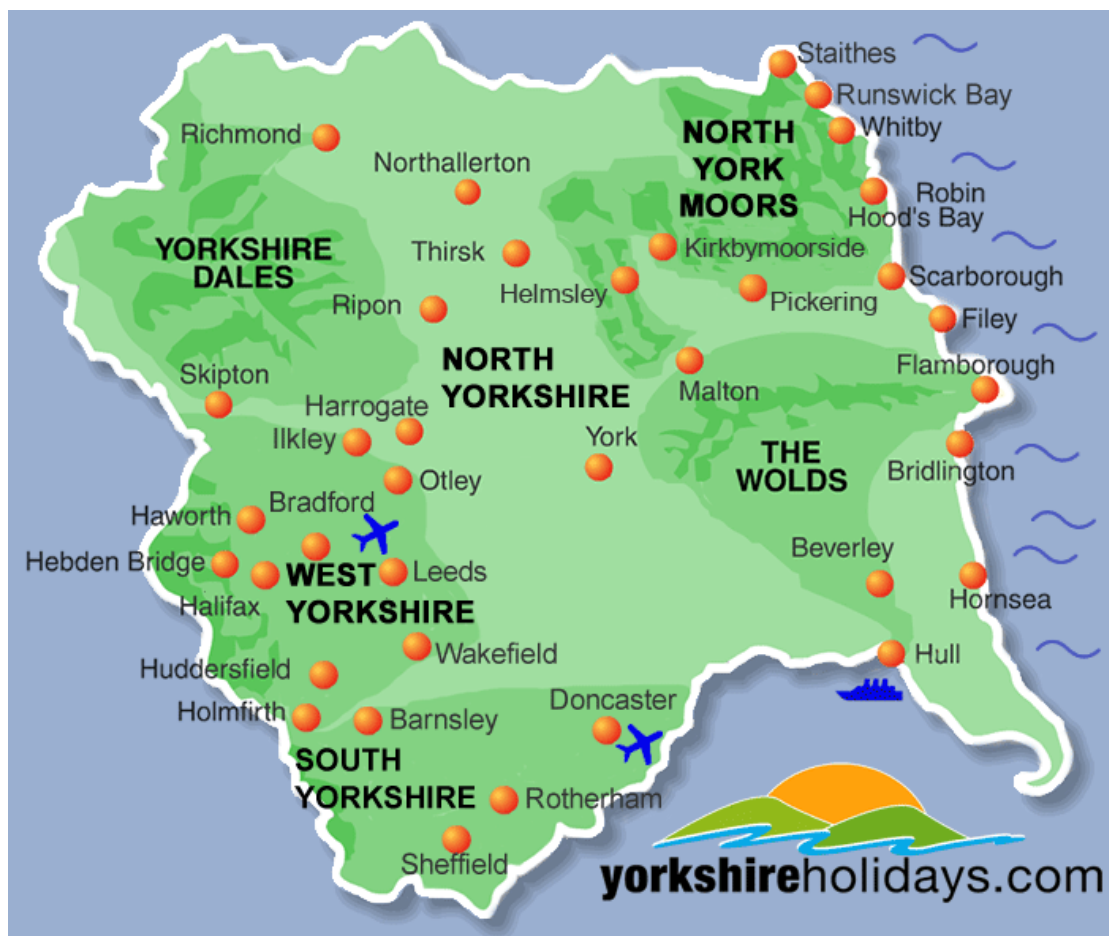
Welcome to Yorkshire

Dear STR. Welcome to Yorkshire! If you are new to the region you will be pleased to know you have joined a region that prides itself on well-rounded training. You have beaten the competition to make it to a popular spot on the maxillofacial training map!

Over the next 5 years, you will rotate to all the units in the region and will develop skills in all facets of head and neck surgery. You will become a proficient head and neck surgeon and will have all the skills to hand to hopefully make you a holistic surgeon.

This induction pack has been designed to give you some of the basic details that you will need to get you started in the region. It is not an exhaustive list of topics, however it should be enough to get you settled in and give you a point of contact in each unit.

Best of luck...



Deanery Details

You are now enrolled into the Health Education Yorkshire and Humber Deanery. The head of school is Professor Michael Gough.

Willow Terrace Rd Leeds, West Yorkshire LS2 9DA

Your Training Program Director is Mr Kanak Patel. He is your point of contact for training related issues and is a good point of contact for advice regarding training issues, funding, employment issues and CCT related problems.

TPD	Contact	Email
Mr Kanak Patel	07780 685 182	kanak@talk21.com

There are contacts at the deanery should you need any help with study leave forms or administration:

Aleksandra Serocka
Programme Support Administrator
alex.serocka@yh.hee.nhs.uk

Anita Relins
Programme Support Officer
For Core Surgery, General Surgery, Trauma and Orthopaedics, Plastic Surgery, Urology, ENT and Neurosurgery
T. 0113 887 1591
F. 0113 343 1530
anita.relins@yh.hee.nhs.uk

Marie Tate
Study Leave Co-ordinator
Medical Education
Clinical Practice Centre
Ashley Wing,
St.James' Hospital
Beckett Street,
Leeds LS9 7TF
Tel: 0113 2067109
Fax: 0113 2066606
Marie.Tate@leedsth.nhs.uk

Rotations

Your training over 5 years will take you to every major unit in Yorkshire. The main units are Leeds, Wakefield, Bradford, York and Hull. Depending on when you join the rota and where the spaces are available you will start in one of the units and follow a set pattern through the region. This rotation for 5 years should be made available to you from the TPD.

There are only a set number of STR's in our region, so you will have inherited a training number from an outgoing STR. Please keep your NTN number safe as you will regularly need to refer to it for forms and applications.

ISCP

The Integrated Surgical Care Portfolio is your portal for assessments, journal entries, logbook (through links to eLogbook). You should have already been registered onto this service with your Core Training. Please ensure that it is linked to your eLogbook. If you are having issues with this the following numbers are useful.

ISCP Helpdesk: 020 7869 6299

eLogbook Helpdesk: 0131 527 3494

ARCP

During your first year you will have two Annual Review of Competencies and Progression. This can be a stressful time for trainees as they are most worried about being told off for some part of their training! Luckily... this is a myth. You should be informed of your ARCP outcome before you get to the meeting. It is a reflection on your clinical supervisors/educational supervisors report and how they feel you are progressing through your training. If you have a poor outcome, don't worry, you have 6 weeks to make amends before someone really gets upset with you- in reality, you never want to be in this position to start with.

Your ARCP result is uploaded to the ISCP website, and once uploaded, forms a formal part of your training record.

The ARCP location is:

Willow Terrace Rd Leeds, West Yorkshire LS2 9DA

What is Expected of You

Tasks	Tips
Placements	Contact your educational supervisor early and try and make time to touch base with the hospital before you start
Punctuality	Please ensure that you let consultants know if you are running late or are off sick
Leadership	Lead by example and please pass on the knowledge you have to the junior staff. Note keeping and record keeping are one of the major criticisms of all medical professions, so it is everyone's responsibility to ensure that junior staff are up to scratch.
Experience	The rotation has much to offer, not just from our own speciality, but from many other specialities that work in each unit. Take the opportunity to pick up transferable skills
Teaching	You MUST attend all STR teaching sessions. The dates for these are released a year ahead of time and it is your responsibility to make sure clinics are cancelled appropriately. There is a requirement to attend 100% of the sessions and this will form part of your educational contract and the deaneries commitment to deliver the curriculum.
Audit/Publications	At least 1 audit and 1 publication per year prior to ARCP. In addition you will be required to carry out one regional audit with a completed cycle that would be of high quality. You will also be required to carry out one self-audit of your practice. Please also see "Global Objectives"
Annual Leave/Study Leave	Please liaise with secretaries and management staff to make sure that clinics have been cancelled a minimum of 6-8 weeks before you are due to be away. If you know your planned leave well in advance, it often helps to email all the consultants in your unit with your planned absence.

STR Teaching Program

There is a rolling study program that is supervised by Mr Carter and Mr Chambers. Sessions usually run out of the Worsley Building or the Dental Hospital in Leeds. The topics covered will provide you with the necessary basic information for you to pass

the FRCS examination. Teaching is based on presentations from other STR's and is meant to develop your presentation skills, as well as show off your knowledge!

The sessions are compulsory and you should have cancelled all your clinics well in advance of the session. You will also need to ensure that you are part of the group when deciding the dates of the following year's sessions to ensure you are not on leave. Lack of attendance due to annual leave is not acceptable as the dates are set by yourselves.

Contacts: Mr Carter: carter.lachlan@virgin.net

Mr Chambers: Paul.Chambers@bthft.nhs.uk

Global Objectives – Oral and Maxillofacial Surgery Specialty Training

Programme Updated 2015- a note from the TPD...

Welcome to the Oral and Maxillofacial Surgery Training Programme.

You should review the relevant current Oral and Maxillofacial Surgery Curriculum as set out on the ISCP website to understand the scope and content of your Training. You are expected to register with the SAC. Remember to advise them of any changes in your training circumstances (e.g. maternity leave, long term sickness > 2 weeks) and apply early for any 'Out of Programme' time such as research, training etc. As with any UK doctor, you must comply with the necessary processes for Appraisal, Revalidation and maintain the specified competencies outlined in the key guidance published by the GMC on being a sound and safe medical practitioner. Trainees should submit the relevant revalidation self-declaration to the LETB prior to ARCP. By the completion of the 5 year programme, you will have experienced all the subspecialty practices of Oral and Maxillofacial Surgery and should be capable of undertaking duties of the role of a Consultant. Each placement will provide you with access to clinics, theatre lists and teaching which will enable you to meet the requirements of the Oral and Maxillofacial Surgery syllabus and expectations of the Programme.

Show an energetic and organised approach in exploiting all available Training Opportunities, being flexible, and attending to all clinical exposure on offer, even routine case mix treatments. In general you will have a personal timetable which you should adhere to except by agreement.

You should have a regard for the effects on clinical commitments and activity of sudden or unannounced changes in your availability. Even though your presence at a clinical session may be considered supernumerary, good time management and cooperation with administrative staff is an essential attribute in a surgeon. ISCP is the source of information on which your Annual Review of Competence Progression (ARCP) is based. ISCP is a formative process and the WBAs you undertake are designed to show your progress in acquiring competences, evaluated at your Annual Review of Competency Progression (ARCP). Assessment of progress is substantially based on structured supervisor's reports informed by formative assessments. You should have sufficient WBAs showing sufficient progression for your level of Training across the broad spectrum of practice. An inadequate number or failure to obtain sign off of all parts of your learning agreement will result in an ARCP outcome 5. You should be familiar with the "Gold Guide" and understand the principles of outcomes 1 to 6.

Each year you will need to have demonstrated/shown evidence showing completion of specialty specific competences as defined in your learning agreement set up with your AES. You should complete *at least* 10 CBDs (and 10 CEXs) per year, in addition

to at least one Audit and one Teaching WBA. A minimum of 40 WBA are expected per year. WBAs should show progression and consistency and should be done contemporaneously, demonstrating reflective practice. They should be validated by a consultant - or by a person approved by a consultant. Aim to complete *a full spread of the assessment tools* –as outlined in your LAs which should reflect your specific learning needs - the temptation to concentrate solely on “surgical” i.e. operating assessments is strong and should be avoided. The aim of Training is to produce a fully rounded Consultant.

You must have completed a Multi-Source Feedback (MSF) and have it signed off by your AES prior to your ARCP. You are expected to attend 100% of the regional teaching sessions or provide valid reasons for any absence. You are required to document these sessions on the ISCP and obtain feedback from your peers and consultant supervising the session.

You are required to complete 1 Audit / Quality Improvement project per year as principal investigator, to be presented, along with ISCP upload including supervisors 'evaluation and outcomes / your reflection. It is expected that you would have been involved in supporting other audit work including at higher levels. In addition you are required to produce one regional audit that should complete the audit cycle within your 5 year training period.

Research and publications are an important part of your development. In addition to that, they will also help towards a competitive CV for your applications for fellowships and a consultant post. You should aim to produce one good quality publication per year or 5 over 5 years. At least one should be in a peer reviewed journal. One case report is acceptable as a maximum towards this target. Presentations at national and international meetings are expected but no minimum is set. If you have a presentation then you should aim to try and get publication. We have enough expertise in the region for trainees to turn to if they require assistance. You should look to your AES for advice if you need to.

You must complete your initial AES meeting within 4 weeks of starting and the interim and final reviews in a timely fashion. It is recommended that you do this at least 6 weeks prior to your ARCP so that if you have not met the requirements then this should be indicated to you by your AES to allow you the chance to address any addressable issues prior to the ARCP. You should therefore have no surprises at your formal ARCP. Submitted WBA's etc will not be accepted. They need to be validated as does your log book. Specifically - *all* appropriate sign-offs must be complete *before* your ARCP. Please also record any absence including sickness within ISCP. The eLogbook is the approved surgical logbook for specialty training in OMFS. Your logbook should be up to date and practical activities to demonstrate your professional skills should be performed regularly. **NB:** new trainees should use eLogbook only and ensure that this logbook is accessible to your ISCP account. This must be verified by your consultant on a fortnightly basis. Non-verified records will be void. Please do not ask your AES or clinical supervisors to sign off a log book at the end of the year.

Important: In addition to the annual requirements:

- aim to successfully complete the intercollegiate specialty FRCS in ST6/ST7.
- by ST7 you are required to show evidence of engagement with research, knowledge of research methods and competency in their appraisal. You will be expected to complete 5 pieces of evidence from the following: first author publications, presentations at national or international meetings, extensive literature review and presentation at local meetings/regional teaching. Two of these pieces of evidence should be completed by the end of ST4. A broad outline of your evidence must be agreed with your AES and/or TPD to ensure it meets the relevant requirements/standard
- Maintain current ATLS status. Please ensure your certificate is forwarded to the TPD when you start and when you refresh.
- Provide evidence of management skills and team-working e.g. running rotas, committee work, writing protocols. These roles should be able to demonstrate feedback received for these roles.
- Attend all the essential courses recommended in your Programme - and desirable courses where possible
- Maintain an up-to-date, well presented portfolio throughout specialty training, which will be assessed annually as part of the ARCP process
- It is strongly recommended that you retain your GDC registration at least until the award of a CCT and appointment into a consultant post. Please note that holding a full and current registration or 'registerable' status with the GDC is mandatory for the award of CCT.

Finally it is a requirement that you must complete the local deanery/LETB survey on an annual basis. The email confirmation of completion should be uploaded into ISCP. You will also be expected to complete the annual GMC and JCST surveys. Should you have cause to make comment or concerns about your training at any point, you are advised to follow the processes set out by your LETB. Escalation of issues should follow the order AES – Lead Trainer – TPD – Head of School of Surgery - and *only* if not resolved at each stage.

Courses

Recommended list of courses for OMFS specialty trainees

<u>INITIAL</u>	Emergency skills course Basic plating Course (can be local or regional) Head and Neck Anatomy course
<u>INTERMEDIATE</u>	Orthognathic course Microvascular course Skin flap course (this is generally well covered by clinical practice regionally) Complex/advanced trauma course including condylar fractures & orbital access
<u>ADVANCED</u>	ATLS recertification (N.B. mandatory for the award of a CCT/CESR(CP)) 3 chosen sub-specialty courses; e.g. Flap courses/Head and Neck controversies Aesthetic/Rhinoplasty courses Salivary course including minimal access TMJ arthroscopy Distraction osteogenesis Implant course
<u>IN ADDITION</u>	Preparation for consultancy appointments courses including Training the Trainers, leaderships, management skills, appraisals, assessments, equality & diversity, interview skills etc (usually local or Deanery/LETB)

COMMENTS

The list will vary according to individual trainee's needs and recommendation of the training programme director.

There are also other desirable courses which may not have been listed.

Inevitably, the study leave funding is finite and it is recognised that many trainees do fund their own study leave courses but get paid leave. Some departments may also help trainees from their Trust funds.

Deaneries and LETBS are encouraged to collaborate regionally or nationally to organise as many courses as possible to aid trainees optimise their training given the finite financial resources.

Junior Trainees National Forum

ukomfsspr@yahoogroups.co.uk

By emailing the above address and asking to be placed on the mailing list you will receive regular updates on training related issues, courses and exam related tips and feedback. It is a useful way to touch base with other trainees around the country.

Indicative Numbers

Indicative numbers are to be used as a guide and are taken as one piece of evidence alongside WBAs and trainers reports.

Recent advice from the GMC has meant that operative experience gained outwith training should be considered however this must be backed up with WBAs and evidence from within training to confirm that this experience has resulted in the acquisition of skills and knowledge. Any such assessments done will need to be discussed with the TPD prior to submission. Assessors carrying out WBA's need to be trained and so WBA's carried out by untrained clinicians would not be accepted.

It is important for trainees and trainers to consider the whole breadth of the curriculum and not only the trainees' area of subspecialty interest. In consideration for support for an application for a CCT the SAC must satisfy itself that the trainee has been trained in the whole curriculum. WBAs, trainers' reports and the logbook evidence this. This indicative numbers are a guide and not an absolute requirement in this process.

OMFS – Indicative Minimum Numbers of Surgical Experience

Introduction

The SAC (OMFS), at the request of the General Medical Council, and in common with all the surgical specialties in the UK, have generated indicative numbers for the experience expected of higher surgical trainees in OMFS in the UK. These 'indicative numbers' set targets for trainees in OMFS to achieve before they can be signed up for the FRCS (OMFS) examination, and for the awarding of a CCT.

The numbers are indicative minimum numbers and NOT part of the curriculum (which would make them mandatory). They are the numbers of procedures which the SAC OMFS expects trainees to achieve during their training. Trainees who are deficient in their indicative numbers may not be successful in being awarded a Certificate of Completion of Training (CCT).

All trainees and their trainers/supervisors are advised to be aware of the trainee's trajectory toward the indicative numbers during their training and particularly at the Annual Record of Competency Progression (ARCP). It is difficult to address significant deficits as training time runs out.

In section 1 where the indicative number for procedures performed are tabulated. In section 2 the tables for procedures where experience of, rather than competence in, is required.

Section 1 – Performed

Performed means that the trainee has completed the procedure with supervision (supervisor scrubbed or unscrubbed), or independently. In common with other surgical specialties, for a procedure to be attributed to a trainee, they should have completed 50-70% or more of that procedure. Look in the tables for details of which percentage applies. For less than the required involvement, the trainee should record the procedure as 'assisted'. This percentage participation is somewhat arbitrary, and so we rely on the supervisor who validates the procedure record within the eLogbook to police this and validate the logbook record in the context of the level of supervision recorded.

**Before Exam
At CCT**

<i>Oral Surgery</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB - Performed						
Wisdom teeth				200		200
Other extractions				200		200
Cysts				30		30
Exposure of teeth				15		15
Apicectomies				5		5
I and D abscess				50		50

<i>Salivary gland</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB Include minim invasive ops						
Submandibular				8		10
Parotid				20		25

<i>Trauma</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB - Performed						
# mandible				80		100
# maxilla (I – III)				4		5
# NOE, frontal				3		5
# zygoma				32		40
# nose				8		10
Open condyle				8		10
Orbital floor / wall				16		20
Coronal flaps				6		10
Facial lacerations				10		15

<i>Cutaneous</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB - Performed						
Biopsy or excision				50		50
Primary closure				30		30
Skin graft (FT, SSG)				20		20
Local flap closure				50		50

<i>Airway</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB - Performed						
Tracheostomy				20		30

<i>Orthognathic</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
Mandibular ramus NB >70% one side inc re-				32		40

positioning and fixation						
Maxilla NB >70% one side inc re-positioning and fixation				20		30
Zygoma / orbital				2		4
Genioplasty				4		5
Segmental				2		4
Distraction				1		2

<i>Oncology</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB performs >50% of procedure						
Oro-facial resection				3		10
Mandibulectomy				2		5
Maxillectomy				2		5
Neck dissection				20		30

<i>Reconstruction</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB - Performed						
Non vascularised bone or cartilage				2		5
Local skin / muscle				3		5
Micro (artery)				2		10
Micro (vein)				2		10
Raise free flap				2		10
Raise pedicled flap				1		2

<i>TM Joint</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
Performed except replacement						
Arthrocentesis				8		10
Arthroscopy				8		10
Open procedure				8		10

Section 2 - where experience of, rather than competence in is required.

Whilst trainees are encouraged to perform procedures in this section, it is recognised by the SAC that opportunities to do this are limited. The indicative numbers include where trainees observe and assist these procedures, as well as performing them.

<i>Aesthetic</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB - Obs / Ass / Per						
Blepharoplasty				3		5
Otoplasty				3		5
Rhinoplasty				6		10
Facelift				3		5
Fillers / Botox				3		5
Fat transfer				4		6

<i>Cleft</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB - Obs / Ass / Per						
Lip surgery				3		5
Palate pharynx surgery				3		5
Alveolar bone graft				6		10
Bone graft harvest				6		10
Revision (nose etc)				3		5

<i>Craniofacial</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB – Obs / Ass/ Perf						
Fronto-orbital advancement				1		3
Le Fort II / III / monobloc				1		2
Posterior distraction				1		2
Cranioplasty				1		3

<i>Implants / Prepros</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
NB - Obs / Ass /						

Per						
Preprosthetic surgery				3		5
Intra-oral implant placement				3		10
Extra-oral implant placement				3		5
2 nd stage or revision surgery				3		5

<i>TM Joint</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
Replacement (Obs / Ass / Per)				2		4

Leeds General Infirmary

In Patient Ward	Jubilee Wing Ward 23			
Switchboard	0113 243 2799	SHO Bleep	1782	
Consultants	Sub-Speciality	Contact Number	Secretary	Secretary Number
Mr J Russell	Deformity/Craniofacial/Trauma	07793407021	Ann Kerfoot	01133436123
Mr T K Ong	Oncology	07900215529	Ann Kerfoot	01133436123
Mr G Fabbroni	Oncology	07880500946	Sarah Tilaver	01133436111
Mr A Kanatas	Oncology	07769946105	Ann Kerfoot	01133436123
Mr M Ho	Oncology	07810488895	Ann Kerfoot	01133436123
Mr L Carter	Deformity/Craniofacial/Trauma	07795438086		
Mr A Smyth	Cleft	07810836297		
Mr C Mannion	Deformity/Trauma	07886628287		

Useful Numbers:

Acute theatres: 0113 392 5311

Theatre 4: 0113392 5304

Payroll: 0113 392 6167

LDI Clinic: 0113 343 9221

Pinderfields General Infirmary/Wakefield

In Patient Ward	Ward 34			
Switchboard	01924213000	SHO Bleep and direct line	01924542318	
Consultants	Sub-Speciality	Contact Number	Secretary	Secretary Number
Mr J Reid	Deformity/Trauma/Skins/Salivary	07703583501	Linda Radforth	01924542543
Mr S Sah	Deformity/Trauma/TMJ	07717746789	Linda Radforth	01924542543

Bradford Royal Infirmary

In Patient Ward	Ward 19 BRI			
Switchboard	01274 542200	SHO Bleep	284	
Consultants	Sub-Speciality	Contact Number	Secretary	Secretary Number
Mr S Worrall	TMJ/Trauma	07931404549	Carol Jagger	01274365197
Mr D Sutton	Oncology	07711788599		
Mr P Chambers	Deformity/Trauma	07811630825		
Mr T Boye	Oncology	07754092129		
Mr D Mitchell	Oncology	07970538014		

York

In Patient Ward	Ward 15			
Switchboard	01904631313	SHO Bleep	861	
Consultants	Sub-Speciality	Contact Number	Secretary	Secretary Number
Mr J Taylor	Deformity/Skins/Trauma	07711242664	Gail Atlay	01904726567
Mr P Whitfield	Oncology/Deformity/Skins	07595187217	Gail Atlay	01904726567
Mr D Holt	Skins/Trauma	07960739861	Sara Kitchen	01904 725613
Mr N Brown	Oncology/Skins	07970230058	Sara Kitchen	01904 725613
Mr K Patel	Deformity/Skins	07780685182	Sara Kitchen	01904 725613

Useful Numbers:

Acute Theatres (Theatre 7): 01904 722635

Hull Royal Infirmary

In Patient Ward	Ward 90 HRI			
Switchboard	01482 875875	SHO Bleep	128	
Consultants	Sub-Speciality	Contact Number	Secretary	Secretary Number
Mr S Crank	Oncology/Skull base surgery	07802864574	Lynne Tindall	01482674225
Mr Mizen	Oncology/Skins	07813046471	Lynne Tindall	01482674225
Mr M Cope	Oncology		Lynne Tindall	01482674225
Mr D Starr	Deformity		Lynne Tindall	01482674225

Maxillofacial Outpatients: 01482 674406

Reading List

The Bold ones are essential reading for the first 12 months and are a good reference guide. The bold and underlined book should be read by year one.

- **Surgical approaches to the facial skeleton. E Ellis III & MF Zide. (Lippinott Williams & Wilkins)**
- **Oral & Maxillofacial Surgery. C Kerawala & C Newlands. (Oxford Specialist Handbooks)**
- **Operative Oral & Maxillofacial Surgery. J Langdon, M Patel, R Ord & P Brennan. (Hodder Arnold)**
- Maxillofacial Surgery. P Ward-Booth, S Schendel & JE Hausamen. (Churchill Livingstone)
- Stell & Moran Textbook of Head and Neck Surgery. Watkinson, Gilbert (Hodder Arnold)
- Local Flaps in Facial Reconstruction. SR Baker (Mosby)
- Fundamentals of Orthognathic Surgery. M Harris & N Hunt (Imperial College Press)
- Peterson's Principles of Oral & Maxillofacial Surgery. M Miloro, P Larsen, GE Ghali & P Waite. (BC Decker)
- Maxillofacial Trauma & Esthetic Facial Reconstruction. P Ward-Booth, BL Eppley & R Schmelzeisen. (Churchill Livingston)
- Head & Neck Surgery Oncology. J Shah. (Mosby)
- Plastic Surgery Secrets Plus. J Weinzweig. (Mosby)
- Oral and Maxillofacial Surgery Secrets. Aububaker, Benson (Mosby)
- Practical guide to Neck Dissection. Lucioni. (Springer)
- Oral Medicine and Pathology at a Glance. Scully. (Willey-Blackwell)
- Oral Pathology and Oral Medicine. Cawson and Odell (Churchill-Livingstone)

Examinations

(please ensure you check the JCIE website for the latest information as these can change between revisions of this document)

Applications:

Applications for the examination need to be done on the JCIE website.

<http://www.jcie.org.uk/content/content.aspx?ID=1>

You can only sit the examination in Year 4 or later, and you have 4 attempts at each part. Part A is broken down into two papers, the MCQ and EMQ, totalling to 5 hours of examining.

The second part of the examination (Part B) consists of 2 days of clinical examinations. The first day is a clinical session based on clinical examination and management, and the second consists of face to face viva sessions.

You will not be signed off for your exam until you can show to your AES's and TPD that you have the knowledge base to be able to pass the examination.

Fellowships

A number of fellowships are available to trainees based on year of training and eligibility. They are available both in the UK and abroad.

The following list is not exhaustive but fellowships include:

- Trauma
- Aesthetics
- Reconstruction
- Oncology/Head and Neck Cancer
- TMJ
- Cleft Lip and Palate

The junior trainee group is a great place to look out for adverts for these fellowships, as are the usual channels such as the Severn deanery Website and NHS Jobs.

<http://www.severndeanery.nhs.uk/>

<https://www.jobs.nhs.uk/>

ST6 Penultimate Year Checklist

Please return this prior to your ST6 ARCP to your AES and TPD

Trainee name:	
NTN number:	
GMC number:	
GDC number:	
CCT date:	
Date of ST6 ARCP	

Please indicate in the table below: (expand table where necessary)

	Please indicate the date(s)/ tick where appropriate
<p>Approximate planned Date of sitting of the Intercollegiate Specialty Board Examination (if one/both of the sections have not been passed please indicate the dates you plan to sit section 1 and/or section 2 of the exam):</p> <p style="text-align: right;">Has this been agreed</p> <p>with AES/TPD</p> <p>Section 1:</p> <p>Section 2:</p>	Yes/No
<p>Outcomes of ARCP at the following levels:</p> <p>ST3:</p> <p>ST4:</p> <p>ST5:</p>	
<p>Dates of Out of Programme undertaken or planned which may count towards a CCT:</p>	
<p>Please enclose a consolidated and VALIDATED logbook covering your entire ST+ training to date and including all previous training recognised by the SAC which is counting towards a CCT:</p> <p>Please compare these to the minimum number of index procedures required for the award of a CCT: are there any deficiencies, how will you address these? (<i>See appendix 1</i>)</p>	
<p>Research: Itemised list of evidence that you have demonstrated engagement with research, knowledge of research methods and competency in their appraisal during</p>	

the training programme and include an appraisal by an appropriate supervisor of each item outlining that you have met the required standard (5 items demonstrating competency in 5 years)	
Date of completion or planned timing of a health service management course	
Date of completion or planned timing of a 'Training the Trainers' course:	
Audits/service improvement initiative undertaken in the last 4 years of training: identify which audits have progressed through the full audit cycle. Include an appraisal of each audit/service improvement initiative by an appropriate supervisor as regards your role, value of the audit, methods and conclusions (5 audits demonstrating competency and commitment to audit and service improvement)	
Valid ATLS certificate/ date of the next refresher course if the current ATLS expires before the expected CCT date:	
Evidence of Management and Leadership experience and feedback of those roles. If none, how will this be addressed in your final year?	

This information is not part of your ARCP but will check that your training Trajectory is in keeping with a CCT in due course. The purpose is to ensure that The SAC will recommend you are issued a CCT after your final ARCP without any unexpected problems arising at a late stage in your training.

Please consult the SAC in OMFS Indicative Numbers guidance document to identify any areas of targeted experience for the final year of training.

You will be required to attend the ARCP with a penultimate year check list when the time comes so that we can be sure you are on course for your CCT.

CCT

Once you have reached your final year you will need to look to applying for your CCT. You can do this once you have an outcome 6 at ARCP. Information is update on the JCST website as to what you will need for your CCT application and it will be your responsibility to check the requirement. It is likely you will need something like the following:

- Completed and signed ARCP 6/ RITA G form
- Consolidated logbook sheets for the entirety of training validated by the Training Programme Director.
- Up to date CV
- Final Report from the Training Programme Director
- Up-to-date ATLS (**StR s only** and only certain specialties)
- CCT Guidelines Form

Top Tips

1. Keep your NTN number logged in the Notes App on your iPhone
2. Be organised- being a registrar is difficult but keeping a good online diary/diary on your phone then you shouldn't fall too far astray
3. Annual leave- one of the biggest stresses is the organisation of your timetable to make sure that you have given a minimum of 8 weeks notice for all annual and study leave. DO NOT BE SURPRISED IF YOUR ANNUAL LEAVE IS NOT APPROVED IF YOU DO NOT GIVE ENOUGH NOTICE.
4. Join the School of Oral & Maxillofacial Surgery training page on Facebook for weekly tutorials and updates
5. Download the eLogbook app on your phone to help keep you surgical logbook up-to-date (available from the Apple App Store and a yearly fee of £5.99)
6. Contact your predecessor in each unit to get locker keys etc etc before they rotate so that you can have access to lockers as of day one.
7. There is a maxillofacial resource USB stick with essential papers/reading materials available to you. It has been shared between STR's but Jiten Parmar has the original copy.
8. Break up your assessments over the year (currently a minimum of 40) so that you are getting one assessment per week- its much more manageable.
9. As soon as you can, get yourself access to PPM (Patient Pathway Manager)- it makes seeing Oncology patients much simpler as it means you can access oncology summaries quicker than trawling through the notes. You will be surprised how often the staging has been incorrectly copied from note to note and your correct reference should always be PPM.
10. There is a **WhatsApp** group available for the STR's. Jiten Parmar has access and is a good way of keeping in touch with the other trainees and a quick way to find out useful information regarding meeting times etc etc.
11. Each unit has a slightly different IT setup, which can make or break your transition between jobs. Try and get to grips with results servers/ electronic letters before you start the post.