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Title: Subspecialist Training Program in Pediatric Otorhinolaryngology of UEMS ORL Section

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ABSTRACT

The ORL Section and Board of Otorhinolaryngology-Head and Neck Surgery of the European Union of Medical Specialists (UEMS) developed pediatric ORL subspecialty program. The program was created with support and consultation of the European Society of Pediatric Otorhinolaryngology. It is divided into four sections: Pediatric Otology, Pediatric Rhinology and Facial Plastic Surgery, Pediatric Laryngology and Phoniatics and Pediatric Head and Neck Surgery. After completion of the program, the trainee is supposed to achieve an advanced level of competency. The aim of the program is to serve as a guideline for training centers, enabling them to meet the European Standard as set out by the European Board of UEMS through competency based assessments.

Keywords: pediatric otorhinolaryngology; training program; European Union of Medical Specialists (UEMS).

INTRODUCTION

Pediatric otorhinolaryngology (PORL) is ORL-HNS in its entirety, related to the pediatric population ages 1 day to 18 years of age. Diseases with the same name in children and adults are not completely the same diseases because of specific symptomatology and clinical manifestation in children. Some diseases and anomalies are typical for children and occur only or mainly in this population, and therefore require particular knowledge and skills. Care of children with ear, nose and throat problems is becoming more complex and demands specific approach.^{1,2,3}

The ORL Section and Board of Otorhinolaryngology-Head and Neck Surgery of the European Union of Medical Specialists (UEMS) developed seven subspecialty programs. One of these is the Pediatric otorhinolaryngology Subspecialty Program. The program which was designed with support and consultation of the European Society of Pediatric Otorhinolaryngology (ESPO).

BACKGROUND

The process of making this program lasted a few years. The group for making the program consisted of UEMS delegates from eight European Societies for ORL and Head and Neck Surgery devoted to pediatric otorhinolaryngology and an ESPO consultant. We analyzed European training program in ORL-HNS proposed by UEMS and several European and American pediatric ORL fellowship programs so our program is based on mentioned fellowship programs.^{4,5,6,7,8,9}

The introduction of the paper includes contemporary definition of PORL. PORL deals with functions and diseases, traumas, malformations and other disorders in infants and children, encompassing the anatomical structures of the ear, temporal bone and lateral skull base, nose, paranasal sinuses and anterior skull base, oral cavity, pharynx, larynx, trachea, esophagus, head, neck, thyroid, salivary and lacrimal glands and adjacent structures. It also includes investigation and treatment of conditions affecting auditory, vestibular, olfactory and gustatory senses and disorders of the cranial nerves, as well as human communication in respect of speech, language and voice disorders.

Some general principles are listed. One of them is that target pediatric population includes patients ≤ 18 years of age as identified by the WHO.

To be eligible trainee must be and an ORL-HNS specialist with a Certificate of Completion of Training obtained by European Board Examination in Otorhinolaryngology Head and Neck Surgery (EBEORL-HNS) and/or national certificate in ORL-HNS. A candidate must be admitted to the training program through a competitive process and he/she must show interest in the program.

Program Director requirements are as follows: acknowledged expert in the field, 10 years of professional experience, academic position or equal competence appointed by appropriate administration.

Institutional requirements are defined as follows: sufficient exposure to pediatric otorhinolaryngology, at least two active pediatric ENT surgeons working in the institution, intensive care unit. Visitation must be approved and centralisation would promote training of a high standard. Institution must be accredited by UEMS authorities.

Proposed duration of training is at least one year. Previous experience in general ORL-HNS is preferable since it is possible to accept transfer of some competency from general ORL training. The number of required operation is not defined. Participation in at least one scientific peer-reviewed publication is obligatory. Courses are desirable during the training period. Since there is no examination after training completed the only evaluation of competence is the clinical judgement of a Program Director.

After completion of the program, the trainee is expected to have advanced competency levels in the four areas noted previously. The trainee must be capable of performing the procedure management independently/alone as well as able to cover all emergency situations arising in the pediatric otolaryngology patient.

PORL subspecialty is divided into four sections: Pediatric Otolaryngology, Pediatric Rhinology and Facial Plastic Surgery, Pediatric Laryngology and Phoniatrics and Pediatric Head and Neck Surgery. All knowledges and skills are listed in these four sections.

Sections are divided into following subsections: diagnostics, medical treatment and surgical treatment. In each section some typical pediatric ORL topics are pointed out. In Otology are pointed acute and chronic otitis media, sensorineural hearing loss, facial nerve palsy/paralysis and vertigo.

In Laryngology and Phoniatrics are pointed stridor of various causes, complex airway compromise and voice disorder. In Rhinology and Facial Plastic section are pointed rhinosinusitis and its complications. In Head and Neck are pointed adenotonsillar disease, velopharyngeal insufficiency, swallowing disorders, neck swelling of various causes. There is a list of diagnostic procedures, non-surgical treatment and operations which must be mastered by a trainee to achieve an advanced competency level.

Pediatric subspecialists may not only develop super-specialist interests in otology (e.g. cochlear implantation, bone-anchored hearing rehabilitation, autologous ear reconstruction etc.), laryngology (e.g. endolaryngeal, endotracheal and bronchial laser surgery, surgical management of congenital airways malformation etc.) or rhinology (e.g. intracutaneous allergen test, endoscopic sinus surgery etc.) but also congenital head and neck anomalies and other head and neck surgery in childhood. It is recognized that in some conditions, multi-disciplinary and multi-surgeon input is required. Thus, it is not expected for a pediatric otolaryngologist to be solely responsible for treating complex congenital ear deformity, juvenile angiofibroma or lymphovascular malformations. It is stressed that management of children with diseases in ORL area should not become an exclusivity of pediatric ORL subspecialists. Subspecialty training in pediatric otolaryngology is intended to provide subspecialists that are able to diagnose and treat the most demanding diseases in this population. In this way there is no doubt that general ORL specialists are approved and invoked to treat any common ORL disease in children.

At the end of this program there is a survey of suggested pediatric ORL textbooks, subspecialty journal and some European, US and Australian pediatric fellowship programs.

The aim of this program is to serve as a guideline for training centers, enabling them to assert central harmonization and to meet the European Standard as set out by the European Board of UEMS through competency-based assessments.

The program is accessible on www.orluems.com

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