

# Trainee Matters

## SECTION EDITORS



**Emma Stapleton**

Skull Base, Cochlear Implant and Complex Otology Fellow, Salford Royal NHS Foundation Trust, Manchester, UK.

E: [emmastapleton@doctors.org.uk](mailto:emmastapleton@doctors.org.uk)  
@otolaryngolofox



**Lizanne Steenkamp**

Lecturer in Audiology and Programme Leader for MSc/PgDip in Audiology (pre reg)

BAA Board Director for Accreditation, Speech and Hearing Sciences, Queen Margaret University, Musselburgh, UK.

T: +44 (0)131 474 0000  
E: [lsteenkamp@qmu.ac.uk](mailto:lsteenkamp@qmu.ac.uk)

**Neil: "The AOT is a great opportunity to take an active part in your training, and to meet a wide range of ENT trainees and consultants. I look forward to seeing you all in Sheffield 2017!"**

## The Association of Otolaryngologists in Training: by trainees for trainees

The Association of Otolaryngologists in Training (AOT) is an independent organisation, run by trainees for trainees in the UK for over 25 years. Its aims are to represent all ENT trainees in the UK; to improve and promote standards of training, and to create a community of UK-based ENT trainees. Natasha Amiraraghi chats with the association's current and immediate past Presidents, **Neil Sharma and Robert Nash.**

It was my absolute pleasure to serve as secretary to this fantastic association from 2015-16, so naturally I jumped at the chance to write a 'tell all' article. The goal: to encourage active participation by membership and to enlighten all others on our values and purpose. For me, the AOT represents a friendly forum of my peers, providing crucial representation of and input from the UK trainees into a wide range of other forums, enabling us as the future consultants, to shape our training and the future of ENT. As a small but nonetheless important specialty, we are in a wonderful position where we can easily network with one another, and as a trainee led association this is one of our strengths. But don't take it from me - Mr Robert Nash and Mr Neil Sharma, past and present Presidents respectively, have joined me to explain more.

### Can you tell us about the AOT and its main aim?

**Rob:** The AOT has been around for over 25 years. It represents the interests of all ENT trainees in the UK, from year one doctors who think they might want to do it, to those who have completed their training and are looking for consultant jobs. Over time, we have had representation on many decision-making bodies; from the Special Advisory Committee (SAC) - this is a sub committee of the Joint Committee on Surgical Training (JCST) - the Royal Society Medicine (RSM), to ENT UK and the British Medical Association (BMA).

The AOT's main aim is to make ENT training better.

**Neil:** The AOT was set up in 1989 by a group of ENT registrars who wanted to meet and discuss the main issues facing both their specialty and

their training, and to get to know each other better as they would be working together for the rest of their careers. I like to think that this still describes the purpose of the AOT, although it has now expanded its role to include representation on committees highlighted by Rob. The AOT therefore has a direct impact on the key issues affecting trainees across the full range of training grades.

### How do trainees benefit from AOT membership?

**Neil:** Well first of all it is free, so there really is no downside to joining. In fact any ENT trainee in the UK is automatically a member. Simply sign up as detailed below.

**Rob:** Getting involved is a great way of meeting people from across the country, and finding out what things are like elsewhere. There is also a wealth of knowledge that gets shared on the forum, from national selection, exam and surgical skills course advertisements, through sorting out Annual Review of Competence Progression (ARCP) and Certificate of Completion of Training (CCT) paperwork, and on to contracts and dealing with tricky employers. AOT representatives are a very direct way of getting in touch with the bodies that outline much of ENT practice in the UK.

**Neil:** These regional representatives and the representatives that sit on the various committees are also good avenues to raise concerns about training issues. Aside from the information resource, the AOT is a group of people with whom you will be in contact with for the



(L-R) Miss May Yaneza, AOT President 2012-13 with Miss Natasha Amiraraghi



(L-R) Mr Robert Nash, AOT President 2015-16, with Mr Zaid Awad, AOT President 2013-15.



AOT at Loch Lomond 2016.



AOT annual meeting, Leeds 2012.



Mr Neil Sharma, AOT President 2016-17.



(L-R) Mr Rhyddian Harris and Professor Tony Narula, honorary AOT member.

remainder of your working life. The annual meeting is a great place to catch up and hear people's plans. You can get advice on all sorts of things from others who have gone through it already and found out the hard way. It is safe to say many of the friendships you make here will last throughout your career.

**Rob, what you do feel was the greatest achievement of the association during your term as president, and what advice do you have for Neil?**

**Rob:** The last year has been totally overshadowed by the planned imposition of a new junior doctor's contract. This is likely to affect ENT trainees more than most, due to the relatively high proportion of female and academic trainees, and also our approach to providing a service at a number of hospitals that do not have dedicated ENT services. This could potentially ruin many of the aspects of ENT that we value. We have managed to secure the support of ENT UK, the SAC and the Federation of Surgical Specialties Association (FSSA) in the dispute, which will be invaluable as it rumbles on. I am also very pleased that the whole committee have worked as a team to make improvements from things like a new RSM sinus dissection prize to grappling with the Intercollegiate Surgical Curriculum Programme (ISCP) (on which we all log our assessments) about the problems with the new website.

My advice to Neil is to utilise as much as possible the enthusiasm and knowledge of the rest of your committee. The past presidents are also useful to get a different perspective on things, and I relied on them heavily (my thanks go out to them!) Oh, and the most important advice: all SAC meetings are fancy dress. You might feel embarrassed if you don't turn up in a pirate costume.

**Neil what do you / the committee see as the most important current training issue(s)?**

**Neil:** As Rob explained, the past year has seen the ongoing conflict between the BMA / junior doctors and the Government regarding seven day working and the new junior doctor contract. Rob put in a lot of work on this over the last 12 months, which I know cannot have been easy.

Contract dramas aside, there are always a number of issues that are raised regularly - emergency logbook, operative numbers, impact of fellows on training, and a major one this year is the introduction of ISCP version 10. This has proved to be difficult and I know the ISCP team have been working hard to address the bugs that have come to light. We will have to make sure however that these teething problems do not negatively impact on trainees, especially in relation to ARCPs and CCT sign offs. I think over the next year or two we will see a change in how academic



achievements are recognised at ARCP; other specialties give more precise guidance, and the current requirements have not kept up to date with the upsurge in collaborative research - in a curriculum that defines everything else so precisely, they can seem a little vague. Watch this space.

### How does the AOT represent trainees, to ensure our voices are heard regarding these issues?

**Rob:** The AOT represents trainees at various committees, coordinates trainees between deaneries, and provides a forum for issues to be discussed (<https://groups.google.com/forum/#!forum/aotent>). In addition to the aforementioned committees, we have representatives at FRCS ORL-HNS Exam Board, British Academic Conference in Otolaryngology (BACO) ASIT, INTEGRATE, YCOHNS... The list goes on! Our perspective and opinions are highly valued at these meetings. We are able to give a personal perspective to issues that are sometimes opaque. Furthermore, the knowledge of an individual grappling with problems that arise may mean trainees are some of the best informed people on these committees about training issues! We therefore have quite a big say in the outline of the curriculum, CCT requirements, measures proposed to improve training, and the activities of bodies such as the RSM and Association of Surgeons In Training (ASIT). AOT representatives are elected to their post, and thus carry a mandate from the training body. The AOT also promotes discussion and coordination of trainees across the country. This ensures that representatives are able to give opinions based on more than personal or regional experience, and leads to a more united trainee body.

**Neil:** In addition, the AOT has liaison with eLogook and ISCP to raise concerns and comments on behalf of trainees. To reiterate, far from being wallflowers in these meetings, given our first hand knowledge of the current challenges facing training, our opinions are often actively sought and, as a result, we have influence on the syllabus, CCT standards and general direction of ENT training. More behind the scenes, we are also asked to provide an opinion on various topical issues that arise - these are either sent by the committees or occasionally after consulting with the trainee body as a whole via our online forum.

### Would you recommend all UK trainees join the AOT, and how do they go about this?

**Neil:** Given my current position, it is pretty obvious what my answer to this one is, but

I think the key is ensuring ENT trainees of all grades know how best to become involved. The first step for anyone not already registered is to join the AOT Google group, the link is on the AOT website [www.aotent.com](http://www.aotent.com). Once registered, you will begin to receive regular updates from the various meetings that AOT officers attend on your behalf, and also have the opportunity to contribute to ongoing discussions on current events. You can also ask questions and raise issues that you would like brought to the attention of the SAC or any of the other bodies we have representation on.

On a regional level, make sure you know who your deanery AOT officer is (a list is on the website), each deanery does this differently in terms of elections and how long they stay in post but offer to help them out or ask when their time is up and stand for the post yourself. This is a great way to represent your colleagues regionally, and gives you an insight in to the workings on a national level.

The most popular way of course is to attend the annual AOT meeting, which in 2017 will be in Sheffield ([www.aotent.com/conference.php](http://www.aotent.com/conference.php)). The agenda of speakers is usually impressive, comprising the great and the good from the world of ENT. There is also a free paper and poster presentation session, with the best oral presentation and best poster winning prizes. Additionally there is opportunity to network with ENT trainees from across the country. The costs are kept to a minimum, so there really is no excuse not to go. The annual meeting is also where you can stand for one of the committee positions, and help shape the decisions taken nationally regarding our training. It is often best to have an idea of something you would like to do and get in touch with the current post holder beforehand: find out as much as you can about what is involved and what you could bring to the position. Although most of the attendees are ST3 and above, core trainees, foundation doctors and medical students are welcome to attend and contribute.

Does your country have an association which represents trainees in otolaryngology and / or audiology? If so, we would love to hear from you. Please contact Emma Stapleton, Trainee Matters Editor.

**Rob: "Attending the AOT conference is the best way to get involved, and we are immensely thankful to our sponsors who, combined with our income from advertising courses, subsidise the conference for trainees."**



**Natasha Amirraghi MBChB, MRCS(Ed), DOHNS,**

Former Secretary of AOT. West of Scotland ST7 in Otolaryngology, Ward 5A, University Hospital Crosshouse, Kilmarnock Road, Crosshouse, Kilmarnock, UK.

**E:** [natasha.amirraghi@googlemail.com](mailto:natasha.amirraghi@googlemail.com)



**Neil Sharma MBChB PhD DOHNS FRCS (ORL-HNS),**

AOT President, NIHR Clinical Lecturer and Specialty Registrar - Otolaryngology, Head and Neck Surgery, Institute of Head and Neck Studies and Education, College of Medical and Dental Sciences, University Of Birmingham, Edgbaston, Birmingham, UK.

**E:** [neil.sharma@outlook.com](mailto:neil.sharma@outlook.com)



**Robert Nash, BMBCh, MA(Oxon), MRCS, DOHNS,**

AOT Immediate Past President. Specialty Registrar, Royal National Throat Nose and Ear Hospital and National Hospital for Neurology and Neurosurgery, London, UK.

**E:** [mr.robert.nash@gmail.com](mailto:mr.robert.nash@gmail.com)

**Declaration of Competing Interests:** None declared.