

IN CONVERSATION WITH

Dr John Woo and Mr Derek Skinner

Dr John Woo and **Mr Derek Skinner** have between them an absolute wealth of experience and expertise in the fields of surgical training and specialist examinations. Here, they tell us about their involvement in surgical education, and explain some of the differences in education, training and practice between Hong Kong and the UK.



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Would you like to introduce yourselves?

Derek: I'm an ENT surgeon trained in the UK, largely in Scotland, Cardiff and Nottingham. I was appointed to my consultant post in Shrewsbury and Telford in Shropshire in 1990. Prior to this, my training included an eight-month period as a visiting lecturer in Hong Kong as part of the ENT team with Dr Woo, Professor van Hasselt, and Professor Allan Gibb.

John: I am Consultant and Chief of service of the ENT Department of the Prince of Wales Hospital, Hong Kong. I am also Honorary Clinical Professor of the Department of Otorhinolaryngology, Head and Neck Surgery of the Chinese University of Hong Kong, and President of the Hong Kong College of Otorhinolaryngologists (HKCORL).

Tell us about your respective career pathways and involvement in surgical education?

Derek: My involvement with surgical education started in 1990 as a member of the Higher Surgical Training Committee for the West Midlands, UK. In 1997, I became one of the first programme directors in the UK. This involved setting up more formal education systems for ENT surgeons in the West Midlands which involved assessment as well as programmes of educational activity. This work involved coordination of formal surgical education throughout the West Midlands and included setting up temporal bone study days as well as very

specific programme activity which took place in various centres around Birmingham and the West Midlands. Since that time, my experience with this work allowed me to become more experienced in the examining world, particularly with the Royal Colleges of Surgeons within the UK.

A diploma in medical education in 2004 helped with this work on a more theoretical basis. From 2001, I became heavily involved with the Diploma of Otolaryngology and Head and Neck Surgery (DOHNS), which was set up with Maurice Hawthorne, and indeed my involvement, including chairmanship, was very extensive with this examination between that time and 2012. During this period, I became involved with setting up the MRCS ENT which devolved from the DOHNS examination and was subsequently taken to the GMC for approval as an assessment system for core surgeons in training becoming higher surgical trainees in ENT surgery. Indeed this examination is now an integral part of the national recruitment into higher surgical training for otorhinolaryngology.

As part of this process, I became heavily involved with the Specialist Advisory Committee in Otolaryngology and subsequent assessment processes used for the national recruitment of trainee surgeons into higher surgical training for otolaryngology. In 2008 I became involved with the conjoint fellowship for ORL with The Royal College of Surgeons of Edinburgh (RCSEd) and with The Hong Kong College of Otorhinolaryngology. I subsequently became the external examiner for RCSEd,

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with examinations occurring yearly in Hong Kong.

John: I obtained my MBBS (HKU) in 1983; FRCSd in 1988; FHKAM (ORL) in 1993. My involvement with organising examinations dates back to 1989 when I was senior medical officer (equivalent to senior registrar in UK) of the division of otorhinolaryngology, department of surgery, the Chinese University of Hong Kong. In 1990, I was helping Professor Alan Gibb, visiting professor of our division, to introduce the Objective Structured Clinical Examination (OSCE) for final year medical students of the Chinese University of Hong Kong at the end of their ENT training module. This examination format is so successful that it is now widely applied in clinical examinations in many fields of medicine in Hong Kong. My involvement with the Conjoint ENT Examination started with the establishment of the HKCORL in 1995. I was a member of the education committee of the HKCORL at that time and I assisted Professor van Hasselt who was then censor-in-chief, with running of the examination. That was still the old style examination, consisting of Part A, B and C. When I joined the HKCORL as Council Member in 2005, I became involved with the Conjoint ENT Exit Examination again. Between 2007 and 2011, I was overlooking the Conjoint ENT Exit Examination as censor-in-chief of the HKCORL. Since 2014, I have been involved with the Conjoint ENT Exit Examination as President of the HKCORL.

You've both been heavily involved in surgical education. Can you share some of the differences between otolaryngology training in the UK and Hong Kong?

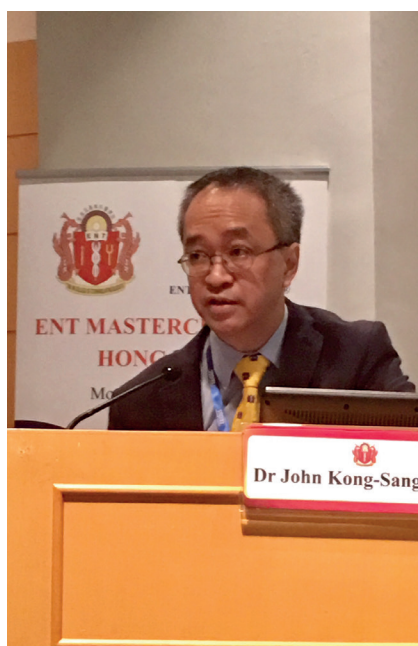
Derek: In the UK, surgical education has gradually developed in a very structured fashion, and includes work as a foundation doctor for two years followed by a further two years in core surgical training (ENT-themed), then followed by six years of higher surgical training which is competency based. This formula of progression through the surgical specialty has been successful for UK trainees. In Hong Kong, this is slightly different, as Dr Woo will explain.

In the UK, examinations including the DOHNS examination and MRCS ENT examination are normally taken in the second year of core surgical training and the trainee surgeon can then progress into higher surgical training through the national recruitment system.

During higher surgical training, a further fellowship examination entitled intercollegiate FRCS (ORLH-NS), will be undertaken at around the fifth year of higher surgical training. This examination



Dr John Woo and the faculty of the ENT Masterclass 2016 in Hong Kong.



Dr John Woo speaking at the ENT Masterclass 2016 in Hong Kong.

includes two written papers and also oral examinations and clinical examinations. During the UK trainee's experience in higher surgical training, the trainee would normally undertake courses and meetings to continue their surgical education and, indeed, their regular formal educational sessions every month to ensure progression with their



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Derek Skinner (left) presenting at the ENT Masterclass UK.



The Hong Kong Academy of Medicine where the ENT Masterclass 2016 was held.

knowledge base.

John: The Hong Kong College of Otorhinolaryngologists has a very short history, having only been established in 1995. When we constructed our initial training programme in the early 1990s and made subsequent changes, we received a lot of support and guidance from the Royal College of Surgeons of Edinburgh. Let me briefly summarise the current training programme in otorhinolaryngology in Hong Kong. The whole programme consists of two parts: a two-year generic basic surgical training and a four-year high surgical training in otorhinolaryngology, head and neck surgery. The two years of generic basic surgical training are in common with trainees from general surgery, orthopaedics and traumatology and accident and emergency. The trainees must pass the part A, B and C examinations of the Hong Kong Intercollegiate Board of Surgical Colleges to complete their basic surgical training.

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The four years of higher surgical training in otorhinolaryngology are structured to give trainees exposure in the various subfields in otology, neurotology, rhinology, head and neck surgery, facial plastics and paediatric ENT. To maximise chance of exposure to all these subfields, trainees are required to rotate between different accredited local training centres for a minimum of three months. Overseas elective rotations are also allowed with prior college approval.

Is there a difference in pathologies between the two, and does this influence training and practice?

Derek: In the UK and Hong Kong pathologies seen are, in the main, very similar for otology, rhinology and laryngology. However, head and neck cancer can be slightly different, most notably with nasopharyngeal carcinoma (NPC), a very common condition in Hong Kong, often in a relatively younger age group and requiring chemo-radiotherapy as well as a surgical approach. Indeed, this would be the main difference in the types of pathology evident. However notably, in Hong Kong and in the southern Chinese area, glandular fever affecting the throat is unusual and paediatric glue ear, often seen in the UK and Europe, is also less frequently seen.

John: Surely, there is difference in pathologies and this certainly influences training and practice. I would just like to highlight this point with the following. We have high incidence of NPC, thus naturally we focus a lot of our training on awareness of and early diagnosis of NPC. Managing NPC and its co-morbidities after radiotherapy makes up a significant part of our clinical practice. On the other hand, skin cancer is relatively uncommon, thus our trainees will have less exposure to patients with head and neck skin cancers and thus to facial plastic surgery as well. Hong Kong has a small population and one of the lowest birth rates in the world, thus exposure to complex paediatric ENT conditions is much less than for trainees in the UK. However, with the establishment of the Children's Hospital in Hong Kong, training and practice in paediatric ENT is expected to enhance in future as a result of concentration of pathologies and expertise.

How did you both meet?

Derek: I initially met Dr Woo during my period as a visiting lecturer in Hong Kong in 1988 when both Dr Woo and myself were effectively trainees, experiencing lots of pathology within the ENT department at the Prince of Wales Hospital, The Chinese University of Hong Kong, Shatin.

John: Yes, Derek was visiting lecturer to the division of otorhinolaryngology, department of surgery, the Chinese University of Hong Kong in 1988. I was medical officer (registrar) of the division back then.

You were both involved in the ENT Masterclass Hong Kong event last year. How did that go?

Derek: Recently, ENT Masterclass visited China and Hong Kong and I was able to facilitate the arrangements for the visit. This was a highly successful meeting, which lasted for one day. However, this was part of the meeting in Beijing, which was more extensive. The Hong Kong meeting involved local surgeons as well as UK surgeons giving their experience in various aspects of ear, nose and throat surgery and this experience was broadcasted on the internet using webcast techniques.

John: I have to thank Derek for introducing the ENT Masterclass to Hong Kong and Mr M Shahed Quraishi who led the group to Hong Kong. It was really a great course, highly appraised and very well received locally. The one-day course has 14 presentation topics on four themes, including otology, rhinology, paediatric ENT and head and neck surgery. There were 89 local attendees, including trainees and specialists in both public and private practice. Considering that the course was run on a weekday, the attendance was the best we've ever had. The ENT Masterclass consists of a team of ENT experts from around the world in different subfields of ENT practice. The visit provided a unique opportunity for local and international specialists and experts to meet and interact. The experience they share with the participants benefits trainees as much as specialists in practice. The Hong Kong College of Otorhinolaryngologists looks forward for hosting the next ENT Masterclass in the near future.

INTERVIEWED BY



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