

Advanced Training Council

*(For Approval of Advanced Training in
Head and Neck Oncologic Surgery)*

PROGRAM GUIDELINES

Qualifications and Duration of Fellowship in Head and Neck Surgical Oncology and Research

I. BACKGROUND

The Council for Approval of Advanced Training in Head and Neck Oncologic Surgery (then called Joint Training Council) was established in 1976/1977, through the cooperative efforts of the Committees on Education of the Society of Head and Neck Surgeons and the American Society for Head and Neck Surgery. The function of this Council was initially to evaluate and recommend to the Council of the American Head and Neck Society (joined two societies now termed the AHNS) programs worthy of accreditation of their fellowship training program. The responsibilities of the Advanced Training Council (ATC) have expanded to supervise the selection process for Fellowship positions (including oversight of the match), to certify Fellowship programs and to coordinate interactions between the Fellows, Fellowship Programs and the Executive Council. Specific actions by the ATC require the support of the Executive Council of the American Head and Neck Society.

The Advanced Training Council is composed of representatives from the American Head and Neck Society that are nominated by the President and confirmed by the Executive Council. The composition of the ATC is maintained in balance with five members who are not Fellowship Program Directors and five members who are Fellowship Program Directors. These 10 members of the ATC are appointed to staggered terms of office for five-year periods (two appointments per year). Those Program Directors of active and approved Fellowships who are not appointed as voting members of the Advanced Training Council are considered ex officio members and are invited to attend meetings as non-voting participants. The Training Council, with input from the Executive Council, elects its own Chairperson and Secretary for five-year terms. The Treasurer of the AHNS serves as the Treasurer for the ATC.

All accredited programs are re-evaluated either at five-year intervals or when significant program changes occur (e.g., change in director or length of fellowship or request for additional fellow[s] in the program) or upon recommendation of the Training Council. This re-evaluation may or may not require a site visit. Recommendations are presented to the Executive Council of the American Head and Neck Society. Final authority and responsibility for all training issues is retained by the Executive Council of the American Head and Neck Society. The American Head and Neck Society awards a diploma to the fellow who successfully completes the fellowship and complies with the aforementioned requirements.

II. MISSION STATEMENT

Advanced Training Council:

The purpose of the Advanced Training Council is to supervise the specialized training of physicians preparing to assume leadership roles in the management of head and neck disease with a focus on neoplasms.

III. SPECIAL REQUIREMENTS FOR FELLOWSHIP EDUCATION IN HEAD AND NECK SURGICAL ONCOLOGY

A. Eligibility and Basic Requirements:

1. Admission to a head and neck oncologic surgery fellowship program is contingent upon completion of an ACGME-accredited residency program in otolaryngology, general surgery, or plastic surgery or fulfillment of the requirements necessary to sit for the certification examination in one of these specialties by the respective American Board or the Canadian counterpart of the Royal College of Surgeons. The individual directors of the fellowship programs have discretion in deciding minimum head and neck cancer experience required for admission to their respective fellowship programs.

2. Upon recommendation of the director of the residency program and his/her documentation that the candidate has satisfactorily completed the residency, the candidate becomes eligible for a fellowship training program.
3. The fellowship program director and/or the director's designee in each individual training institution will be the curriculum advisor and counselor to the candidate.
4. International candidates for the Head and Neck Oncologic Surgery Fellowship must have completed an approved residency and be board eligible in his/her country of origin. This training must be considered equivalent in scope to the ACGME-accredited residency requirements for North American candidates. It is the responsibility of the individual Fellowship program directors to determine this equivalent status for international candidates applying to his/her program.

B. Educational Program:

1. Essential and unique characteristics of a fellowship-trained head and neck oncologic surgeon:
 - a. The goals of the Advanced Training Council Fellowships are to provide the training foundation for those individuals dedicated to careers in head and neck surgical oncology through training in the areas of interdisciplinary management, complex head and neck oncologic surgery and research. This additional expertise emphasizes scholarship, critical analysis of clinical problems and development of additional skills in the performance of techniques required for the practice of the subspecialty, including consultation skills and multidisciplinary treatment planning, with emphasis on scholarship and knowledge or experience in basic and clinical research methodologies. Subspecialty programs in head and neck oncologic surgery will be accredited only when affiliated or associated with an ACGME-accredited core program in general surgery, otolaryngology or plastic surgery.
 - b. The essentials of accredited residencies and the special requirements for residency training (in otolaryngology, surgery and plastic surgery) apply to the subspecialty of head and neck oncologic surgery in addition to the specific subspecialty requirements.
 - c. After completing an accredited one-year fellowship in head and neck surgical oncology, the surgeon will possess the following unique characteristics:
 - i. The ability to manage an "academic" or "tertiary referral" clinical practice,
 - ii. The ability to participate in continuing education and
 - iii. The ability to collaborate in translational research.
2. Fundamental components of the one-year "Head and Neck Surgical Oncology" fellowship:
 - a. Direct participation in the evaluation, management and care of at least 200 patients with head and neck disease (200 patients with Head and Neck "Neoplastic" lesions). In addition to malignancies, these may include benign neoplasms of the head and neck (e.g., thyroid adenomas, goiter, parathyroid adenomas and hyperplasia, benign salivary gland masses, benign deep or neck and skull base masses, etc.). Direct participation in the evaluation and management includes consultations that focus on either the oncologic or reconstructive care. The fellow must be able to participate in the longitudinal care of these patients (evaluation, interdisciplinary management, follow-up). Of these patients, the fellow should participate in a minimum of 100 major surgical procedures within the broad range of head and neck surgical oncology. This experience should include 100 patient surgical procedures. Separate procedures performed on the same patient may be counted as separate procedures. For example, a parotidectomy with neck dissection may represent two procedures. A pharyngolaryngectomy with free flap reconstruction may also represent two separate procedures.
 - b. Intensive exposure to the interdisciplinary management of head and neck oncologic patients throughout the entire year (including tumor board interdisciplinary planning conferences).

- c. Participation in the development and implementation of interdisciplinary head and neck oncologic research.
3. Fundamental components of two-year (or more) Fellowship may reflect either additional clinical training or additional training in research termed: "Fellowship Training in Clinical and Research Training in Head and Neck Surgical Oncology".
 - a. In addition to the requirements for the "one-year curriculum", the second year may include either a more intense clinical focus or comprehensive research in basic, translational and/or clinical research.
 - b. The "Fellowship Training in Clinical and Research Training in Head and Neck Surgical Oncology must include every component of the "one-year" curriculum and exposure to and participation in Interdisciplinary Head and Neck Oncology Tumor Boards (or treatment planning conferences) throughout the candidate's two years of training.
4. Duration of training:
 - a. It is not essential that all programs have exactly the same curriculum or the same sequence of experiences. All accredited programs must provide a sufficiently structured educational experience at an advanced level for the trainee to acquire the experience necessary to be a specialist in the field.
 - b. All programs must be a minimum of 12 months of clinical training duration.
 - c. Programs that offer a minimum of 12 months clinical training will be designated "Fellowship Program in Head and Neck Surgical Oncology", whereas two-year (or greater) programs that include a dedicated research experience will be termed "Fellowship Program in Head and Neck Surgical Oncology and Research". The descriptor of the training programs is based upon the content of the year(s) of training.

IV. RESOURCES

- A. Sponsoring and Participating Institutions: The subspecialty program in head and neck oncologic surgery must have one sponsoring academic institution with primary responsibility for the entire program. When the resources of two or more institutions are used, inter-institutional agreements must be developed by the institutional governing boards. There must be a clear educational rationale for the inclusion of participating institutions in the program.
- B. Institution Support – Facilities, Faculty and Resources:
 1. Facilities:
 - a. Adequate institutional support must be provided to insure meeting rooms, classrooms, office space, computer facilities, library, state-of-the-art equipment and diagnostic, therapeutic and research facilities.
 - b. The institution is required to provide salary and benefits appropriate to the level of training for the fellow. Funds should be available for attendance to the annual meeting of the American Head and Neck Society.
 2. Faculty:
 - a. The program director must be certified by the ABS, ABO or ABPS, or possess equivalent qualifications.
 - b. The program director shall have administrative responsibility for the head and neck teaching program and should possess the skills of administrator, clinician, teacher and researcher. The program director must contribute sufficient time to the program to assure adequate leadership.
 - c. The program director and other teaching staff must be experienced in head and neck oncologic surgery and possess equivalent qualifications to insure proper instruction and supervision of trainees. At least two faculty members with expertise and experience in head and neck oncologic surgery must be committed to the program. Experience is defined as five years of clinical head and neck surgical oncology practice, including a minimum of 150 new head and neck patients per year (750

patients over five years). For those practitioners who have a less intensive volume, this can be simply calculated as number of patients seen per year over a time-period. An equivalent would therefore be a minimum of 75 patients per year over 10 years of practice. At least two faculty members must maintain a clinical patient volume as defined above. If the faculty member is ATC trained, the above numbers are not necessary, as long as the faculty member devotes most of his time to clinical head and neck oncology practice.

- d. The program director and the faculty must demonstrate interest in teaching and must engage in scholarly pursuits, including advancement of their own continued education, participation in regional and national scientific societies, presentation and publication of scientific studies and/or active participation in research as it pertains to head and neck oncology.
 - e. The faculty should have a direct teaching responsibility to fellows in both the ambulatory and surgical setting. The utilization of fellows exclusively for expansion of clinical practice potential or residency training is strictly prohibited.
 - f. Head and neck surgery faculty preceptors should be active or senior members of the American Head and Neck Society. Other interdisciplinary faculty should be active members of similar subspecialty societies, such as Head and Neck Medical Oncologists (ASCO) and Head and Neck Radiotherapists (ASTRO).
3. Program resources:
- a. Training programs must provide an intellectual environment for acquiring the knowledge, skills, clinical judgment and attitudes that are essential to the practice of the subspecialty. The objectives can only be achieved when the program leadership, supporting staff and faculty and the sponsoring institution are fully committed to the educational program and when appropriate resources and facilities are available. Service commitments must not compromise the achievement of educational goals and objectives. Institutional policies must ensure that adequate resources are committed to the training program and assure cooperation and participation of all involved disciplines.
 - b. State-of-the-art facilities to accomplish the educational objectives and research objectives of the program, such as advanced pathology services, informatics, resources for medical imaging and nutritional support services, must be available. The trainee must have access to pathologists, oncologists, radiologists and basic scientists (when such research fellowship is applicable) with recognized expertise in head and neck oncology and related specialties.
 - c. Sufficient clinical material must be available to assure exposure to the broad range of conditions and problems associated with the management of head and neck tumors.

V. COURSE OF STUDY AND SCOPE OF TRAINING

A. Academic:

1. Programs must develop a structured curriculum with defined educational goals and objectives. 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 scheduled. It is essential that trainee(s) participate in planning and conducting conferences. Both the faculty and trainees must attend and participate in multidisciplinary conferences.
2. Trainees must have the appropriate supervised opportunities to develop skills in providing consultation and communication with colleagues and referring physicians. The program must provide trainees with the opportunity to teach medical students, residents, physicians and other health care professionals.
3. The fellowship training must involve increasing responsibility in both inpatient and outpatient environments and should culminate in significant patient management responsibilities spent within the institution(s) approved as part of the program.

4. Because head and neck surgical oncology is multidisciplinary in nature, it is mandatory that the fellowship program make available educational experiences and faculty interaction with related disciplines, such as general surgery, otolaryngology, plastic surgery, dentistry and maxillofacial prosthetics, medical oncology, radiation therapy, pathology, nuclear medicine, diagnostic imaging, neurosurgery, preventive medicine, rehabilitation, speech pathology and biostatistics.

B. Clinical:

1. Programs must provide structured clinical opportunities for trainees to develop advanced skills in head and neck oncologic surgery.
2. A sufficient number and variety of cases must be available for each trainee to assure adequate inpatient and outpatient exposure to the broad range of conditions associated with the management of head and neck tumors, without diluting the experience of residents in the core program or interfering with the experience of other existing fellowship programs.
3. At the end of the clinical fellowship in advanced head and neck oncologic surgery, the fellow must have had a cumulative experience as “operating or teaching surgeon” on major cases (including the broad range of head and neck surgical oncology) involving at least 100 patients. (Such procedures as panendoscopy, skin cancer excisions, tracheostomy, etc. are considered “minor” operations.)
4. Lines of responsibility must be clearly delineated for trainees and other residents as related to areas of training, clinical duties and duration of training. Such information must be supplied to the Advanced Training Council with the program information forms.

C. Research:

1. An active research component should be encouraged within each program to enhance the educational experience. Although the clinical experience is essential, there must be meaningful supervised research experience for the trainee while maintaining clinical excellence.
2. If basic science laboratory training is offered, the necessary facilities must be available at the institution under the supervision of a mentor who has demonstrated at least a national reputation in basic or translational science research evidenced by national grant support, publications in peer-reviewed journals and membership in prestigious societies. The opportunities for clinical and basic science research available during the fellowship and the expectations and requirements should be stipulated. Trainees should be advised and supervised by qualified staff members on the conduct of both clinical and basic science research.

VI. EVALUATION

A. Trainee Evaluation:

1. Program directors must establish procedures for evaluating the clinical and technical competence of trainees. These procedures must include observation, assessment and substantiation of the trainee’s acquired body of knowledge, skills in physical examination and communication, technical proficiency, professional attitudes and humanistic qualities as demonstrated within the clinical setting. The trainee’s abilities in consultation skills, patient management, decision-making and critical analysis of clinical situations also must be evaluated. The evaluation process must include structured feedback on performance, including appropriate counseling and necessary remedial effort, prior to completing the prescribed training period.

2. A documented record of regular periodic evaluation of each trainee must be maintained on at least a semi-annual basis and must be reviewed formally with the trainee. The program must maintain documentation of description of performance evaluations signed by director and trainee. A statement documenting the fellow's satisfactory completion of the training program must be provided by the fellowship program director to the Advanced Training Council.
3. Upon completion of the fellowship training program, the trainee will complete a resume of his/her experience in the respective fellowship training program on the appropriate form provided by the Advanced Training Council. His or her account must include surgical experience with CPT coding and documentation of participation as either surgeon or assistant. This report will be sent to the Secretary of the ATC for filing. Receipt of this report from the Fellow is a pre-requisite for provision of a certificate of graduation from the ATC-approved Fellowship. To facilitate the recording of surgical experience, the Fellows will be offered the computer program Oto-Base developed by Dr. Marc Coltrera from the University of Washington.
4. Fellows matriculated into any of the previously-described Fellowship Programs in Head and Neck Surgical Oncology are strongly encouraged to develop at least one manuscript of publication quality that reflects the major focus of their academic activities during their fellowship period.

B. Faculty Evaluation:

The teaching faculty program must also be evaluated by the trainee(s) on a semi-annual basis and this evaluation should include teaching ability and commitment, clinical knowledge and scholarly contributions. This information will be filed by the program director and used as a reference for subsequent accreditations.

C. Program Evaluation:

There should be documented evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the trainees and the teaching responsibilities of the faculty. This evaluation should include an assessment of the balance between the educational and service components of the program. Records of such evaluations should be available to the site visit team at the time of re-accreditation.

D. Notification of Accreditation Status:

Accreditation action as taken by the Council of the American Head and Neck Society is reported to the program director by a formal letter of notification from the Secretary of the Advanced Training Council. Fellows in a program should be aware of the accreditation status of the program and must be notified of any change in the accreditation status.