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Survey of current undergraduate otolaryngology training in the United Kingdom

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Abstract
The General Medical Council's core curriculum model for undergraduate medical training is leading to changes in the way specialist subjects are taught. A postal survey was undertaken to evaluate the current state of undergraduate clinical teaching in otolaryngology in the United Kingdom. Data were received from all 27 medical schools. Six medical schools (22 per cent) do not have a compulsory ENT attachment, although three of these offer an optional attachment. Fifty-eight per cent of all ENT attachments are combined with other specialities including dermatology, ophthalmology and neurology. The average length of time spent with the ENT department during medical school training is one and a half weeks. Forty-two per cent of students do not have a formal assessment of their clinical skills or knowledge at the end of such attachments.

Key words: Otolaryngology; Education, Medical, Undergraduate; Great Britain

Introduction

Otolaryngology – head and neck surgery is the fourth largest surgical speciality in the United Kingdom.[1] Ear, nose and throat (ENT) disorders form a large part of the workload in general practice. It has been estimated that approximately one in six (seven to 25 per cent) of adult general practitioner (GP) consultations involves head and neck or upper aerodigestive tract symptoms.[2,3] This rises to 50 per cent in paediatric consultations.[4]

Clinical expertise of GPs must, therefore, be adequate to enable early assessment and appropriate treatment of the common ENT diseases. This expertise is also essential to minimize inappropriate referral of patients who should be managed in the community.

Over 50 per cent of medical school graduates who stay in medicine will become general medical practitioners.[5] In one survey only 17 per cent of GPs questioned had spent time in an ENT training post.[6] Currently only approximately 15 per cent of general practice vocational training schemes include an ENT post, which is usually only three months long.[7] In view of this it would seem that education in otolaryngology at undergraduate level is of great importance. Despite this, since medical schools have adopted the General Medical Council's core curriculum model,[8] some have reduced the ENT component or removed it entirely.

This postal survey was undertaken to evaluate the current state of undergraduate training in otolaryngology in UK medical schools.

Methods

This survey was conducted in February 2002.

A structured proforma (Appendix) was designed to evaluate the details of the clinical component of otolaryngology teaching in the undergraduate curriculum. This was sent by mail to the Director of Clinical Studies at each of the 27 medical schools in the United Kingdom. Those who failed to respond to the initial questionnaire were followed up with a further postal questionnaire and then by telephone. The proforma was not anonymous but several institutions requested that the information be treated anonymously.

The proforma consisted of six questions with simple tick-box answers detailing the undergraduate ENT speciality training curriculum. Questions included whether the course involves a clinical attachment to an ENT firm, the number and length of such attachments and whether the students undertake an examination or other formal assessment during the firm. Respondents were asked to attach a copy of the student timetable for the period of the ENT attachment.

Results

Results were obtained from all 27 medical schools in the United Kingdom.

Six of the medical schools (22 per cent) in this survey do not have a compulsory clinical attachment to an ENT department for students during undergraduate training (Figure 1). Of these six, three have

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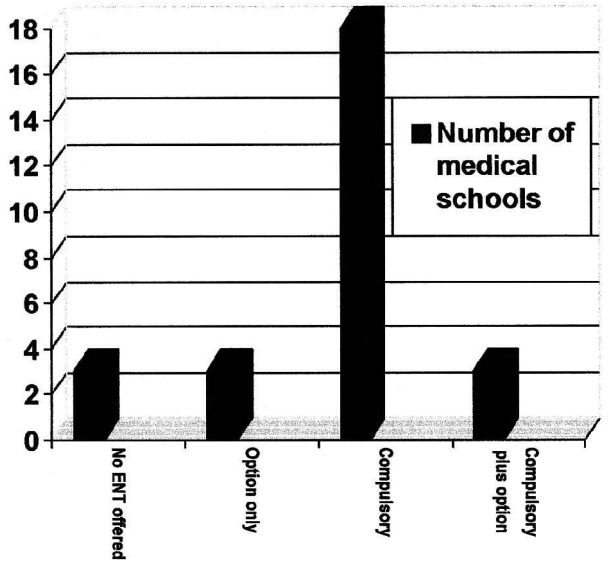

FIG. 1(a)
Availability of a clinical attachment to an ENT firm at UK Medical Schools.

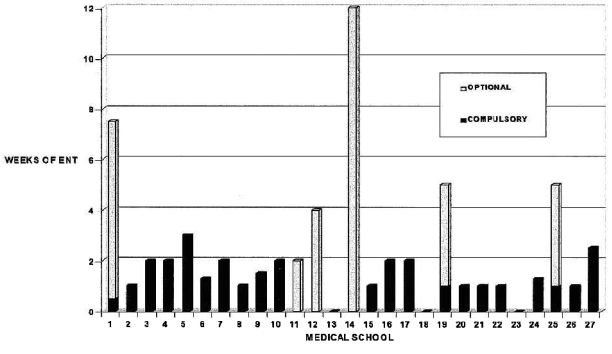

FIG. 1(b)
Actual length of time spent with ENT firm at each UK Medical School.

- **This is a postal survey of current undergraduate training in Otolaryngology in the United Kingdom**
- **The paper reveals that the average length of exposure to the subject at undergraduate level is now 1.5 weeks and 42% of all students have no formal assessment of their clinical skills or knowledge in this area**
- **The authors have also shown that 22% of all medical schools have no compulsory attachment in Otolaryngology**
- **The authors conclude by suggesting that more research is needed to identify the skills needed at undergraduate level in the subject**

an optional attachment usually in the final year. At one university this option is described as 'not a student choice', at another it is available to only six students each year.

Of the 21 medical schools where an ENT attachment is compulsory, 17 (81 per cent) have one attachment in the five- or six-year course. One medical school has two attachments while another three medical schools offer a single attachment plus a further optional attachment in the final year.

In 58 per cent of medical schools ENT attachments are combined with other specialities including dermatology, ophthalmology, neurology and other surgical specialities. Some universities are tending to teach ENT as part of an upper respiratory module with anaesthetics and respiratory medicine.

Student timetables and the number of combined specialties were used to calculate the actual time dedicated to ENT teaching during each attachment. On a compulsory attachment, time spent with the ENT department averages 7.4 days (one and a half weeks). Optional attachments, which are offered in addition to a compulsory firm, average 25 days (five weeks). However the three medical schools that offer ENT only as a single voluntary option, allocate an average of 30 days (six weeks) to the speciality (Figure 1(b)).

Ten of the ENT attachments (42 per cent) do not have an examination at the end (of the attachment) to formally test the clinical skills and knowledge they have accumulated. However ENT questions may form part of final summative exams or formative core skills assessment.

Although further comments were not invited on the proforma many were returned with additional remarks to explain or justify the responses. These comments included: that ENT attachments are 'supplemented by extensive experience in the community', certain days in primary care attachments 'look specifically at this speciality' and 'but there are several ''core cases'' in general practice and paediatrics that have to be seen'. One respondent added, 'This is a rather irrelevant questionnaire given that most medical schools offer highly integrated and often problem-based courses'.

Discussion

This survey demonstrates that the average United Kingdom medical graduate experiences ENT as a compulsory speciality for less than one and a half weeks during a five-year course. However, as many as 20 per cent may have no ENT specialist experience at all.

Thorough assessment of patients with otolaryngological disorders requires the acquisition of appropriate clinical skills and a level of familiarity with certain equipment. Specialist training in a clinical environment is an important factor in developing this ability. From the results of this national survey of undergraduate otolaryngology teaching, it would appear that medical students often receive very little specialist clinical training in ENT. It is certainly clear that there is enormous variability in the experience of otolaryngology that is offered to medical students.

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In view of the increasing demands on ENT departments, with referrals growing at six per cent every year,[9] some attention must be given to changing the existing paradigm and enabling more patients to receive their treatment locally. Although there are a number of alternatives, including the development of general practitioners with a special interest (GPwSIs), the acquisition of core knowledge and skills at undergraduate level is essential. This is particularly important in view of the large proportion of the medical workforce that enters general practice. The authors accept that medical students will have exposure to ENT cases in the primary care and paediatric settings, we feel, however, that as in other areas of the undergraduate curriculum, there is still great value in teaching from a specialist in the relevant field. A recent Audit Commission survey found that 45 per cent of general medical practitioners themselves would like more ENT education. In another survey 85 per cent of GPs felt they would benefit from further ENT training.[6] The same survey found that only one in three GPs had received formal postgraduate training in ENT and approximately half had not been trained in ENT examination at undergraduate level.

The findings of this survey suggest that otolaryngologists in teaching hospitals may have very limited time available to teach the fundamental clinical skills required for ENT examination to students. The introduction of the new curriculum means that all specialities must critically examine teaching methods and ENT is no exception. It is no longer acceptable for medical students to follow at the end of a ward round in the hope of picking up snippets of information, or to stand at the back of the operating theatre straining for a view of a procedure they may not understand. It is necessary to restructure the current approach to student education to include focused teaching and skills training. This will inevitably involve dedicated time for consultants and registrars to tutor students away from busy clinics and other commitments. More research is required to identify the essential knowledge, skills and attitudes of otolaryngology required by the modern medical graduate and who should deliver the training. Consideration must be given in particular to the role of specialist nurses and scientific staff. We also suggest that specialist registrar training in all specialities should include formal instruction in teaching methods to enable knowledge to be conveyed in the most effective manner.

References

1 Hospital staff by speciality and grade. *Department of Health 2001 Medical and Dental Workforce Census.* London: Department of Health Publications, 2001.
2 Griffiths E. Incidence of ENT problems in general practice. *J R Soc Med* 1979;**72**:740–2
3 Morris PD, Pracy R. Training for ENT problems in General Practice. *Practitioner* 1983;**227**:995–9
4 Donnelly MJ, Quraishi MS, McShane DP. ENT and general practice: a study of paediatric ENT problems seen in general practice and recommendations for general practitioner training in Ireland. *Irish J Med Sci* 1995;**164**:209–11
5 Hospital, public health medicine and community health service medical and dental workforce statistics for England. Department of Health Publications 2000. Available online at URL: http://www.doh.gov.uk/stats/doctors.htm
6 Veitch D, Lewis M, Gibbin K. General practitioner training in ENT in the Trent Region. *J R Soc Med* 1992;**85**:156–8
7 The National VTS Directory. Available online from: URL: http://www.vtsonline.co.uk
8 *Tomorrow's Doctors. Recommendations on Undergraduate Medical Education.* London: General Medical Council, 1993
9 Office for National Statistics: Key Health Statistics from General Practice 1998. Published by The Stationery Office, Nov 2000. Available online from URL: http://www.statsbase.go.uk

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Mr A. Mace takes responsibility for the integrity of the content of the paper.
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Appendix

QUESTIONNAIRE

UNDERGRADUATE CLINICAL ENT TRAINING AT MEDICAL SCHOOLS

Q1) DO UNDERGRADUATE MEDICAL STUDENTS HAVE A FORMAL CLINICAL ATTACHMENT TO EAR NOSE AND THROAT (OTOLARYNGOLOGY) AT _____ MEDICAL SCHOOL?

YES □ NO □ OPTIONAL □

IF YES:

Q2) HOW MANY ATTACHMENTS DURING THE 5/6 YEAR COURSE

1 □ 2 □ 3 □ 4 □ 5 OR MORE □

Q3) HOW LONG ARE THESE ATTACHMENTS?

☐ WEEKS

Q4) IS THIS ATTACHMENT COMBINED WITH ANY OTHER SPECIALITIES?

YES □ NO □

(PLEASE ATTACH A SAMPLE TIMETABLE)

Q5) IF COMBINED PLEASE LIST THE OTHER SPECIALITIES

1

2

2

3

4

Q6) IS THERE AN EXAM OR FORMAL ASSESSMENT OF ENT SKILLS/KNOWLEDGE DURING THE ATTACHMENT?

YES □ NO □

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