

These training requirements apply to those who begin training on or after July 1, 2025.

In addition to Surgical Foundations experiences,¹ the following training experiences are required, recommended, or optional, as indicated:

TRANSITION TO DISCIPLINE

The focus of this stage is the orientation of trainees to the Otolaryngology-Head and Neck Surgery (Oto-HNS) program, the institution, and the clinical settings in which they will train, including policies, resources, and expectations. Residents will be introduced to clinical care, including the operating room.

Required training experiences (TTD stage)

1. Clinical training experiences:
 - 1.1. Otolaryngology-head and neck surgery
 - 1.1.1. Outpatient clinics and/or inpatient service
 - 1.1.2. After-hours coverage
2. Other training experiences:
 - 2.1. Formal instruction in
 - 2.1.1. Operating room procedures
 - 2.1.2. Introduction to patient assessment, investigation, and management
 - 2.2. Orientation to program, institutional, and hospital policies, procedures, learning, and other resources
 - 2.3. Orientation to Competence by Design

¹ Surgical Foundations provides a common curriculum and clinical training in the fundamental skills of surgery for residents in nine Royal College recognized surgical disciplines including Otolaryngology-Head and Neck Surgery.

Recommended training experiences (TTD stage)

3. Focused clinical and technical skills training for Oto-HNS (e.g., boot camp, simulation)

FOUNDATIONS OF DISCIPLINE

The focus of this stage is to develop the foundational competencies of Oto-HNS by providing clinical assessment, initiating investigations, and demonstrating increasing levels of responsibility in the management of the most common Oto-HNS patient presentations. Trainees will be assessed on their surgical skills while preparing for and performing select Oto-HNS procedures and providing post-operative care to patients.

Required training experiences (Foundations stage)

1. Clinical training experiences:
 - 1.1. Otolaryngology-Head and Neck Surgery
 - 1.1.1. Outpatient clinics
 - 1.1.2. Inpatient service
 - 1.1.3. Operating areas
 - 1.1.4. Consultative service to the emergency department and other clinical services
 - 1.1.5. After-hours coverage
 - 1.2. Neurosurgery inpatient service
 - 1.3. Anesthesiology
 - 1.4. Service that provides initial trauma management, which may be emergency medicine, general surgery, trauma team, oral and maxillofacial surgery, plastic surgery, or Oto-HNS
 - 1.5. Critical care unit
2. Other training experiences:
 - 2.1. Formal instruction and assessment in the basic sciences relevant to Oto-HNS, which must include anatomy, histology, physiology, pathology, microbiology, biochemistry, and pharmacology, as well as the physics of sound and the physiology of balance
 - 2.2. Formal instruction in critical appraisal, such as journal club

Recommended training experiences (Foundations stage)

3. Clinical training experiences:
 - 3.1. Plastic surgery and/or facial reconstructive surgery (inpatient, clinics, or both)
 - 3.2. General surgery inpatient service and operative experience

Optional training experiences (Foundations stage)

4. Clinical training experiences:
 - 4.1. Emergency medicine
 - 4.2. Oral and maxillofacial surgery
 - 4.3. Radiation oncology
 - 4.4. Thoracic surgery
 - 4.5. Palliative medicine
 - 4.6. Internal medicine or subspecialty – General Internal Medicine, Infectious Diseases, Endocrinology and Metabolism, Respiriology, or Clinical Immunology and Allergy
 - 4.7. Dermatology

CORE OF DISCIPLINE

The focus of this stage is to establish the breadth of clinical, operative, and consultative skills relevant to an Otolaryngology-Head and Neck Surgeon. Residents not only build on the skills developed in the previous stages to provide emergent, surgical, and non-surgical management of all manner of Oto-HNS presentations, but also engage in quality assurance, research, and the teaching and supervision of junior learners.

Required training experiences (Core stage)

1. Clinical training experiences:
 - 1.1. Otolaryngology-head and neck surgery clinical experience in the full breadth of the discipline, which must include general otolaryngology, pediatric otolaryngology, otology, neurotology, rhinology, laryngology, head and neck surgery, and facial plastic and reconstructive surgery
 - 1.1.1. Outpatient clinics: new consultations and follow-up patients
 - 1.1.2. Inpatient service
 - 1.1.3. Operating areas
 - 1.1.4. Consultative service to the emergency department and other clinical services
 - 1.1.5. After-hours coverage

2. Other training experiences:

2.1. Multidisciplinary conferences for the management of complex clinical conditions

2.2. Simulation experiences with temporal bone surgery

2.3. Formal instruction in diagnostic, medical, and surgical management

2.3.1. General otolaryngology

2.3.1.1. Inflammatory and infectious diseases of the head and neck, epistaxis, sleep disordered breathing, and airway emergencies

2.3.2. Pediatric otolaryngology

2.3.2.1. Congenital, inflammatory, traumatic, and neoplastic disorders of the head and neck in children

2.3.3. Otology

2.3.3.1. Audiological assessment

2.3.3.2. Microsurgery of the external and middle ear and mastoid

2.3.4. Neurotology

2.3.4.1. Audiological and vestibular assessment

2.3.4.2. Microsurgery of the inner ear and lateral skull base

2.3.4.3. Management of patients with profound hearing loss, specifically including the assessment of candidacy for cochlear implantation

2.3.5. Rhinology

2.3.5.1. Allergic and non-allergic conditions of the nasal mucosa

2.3.5.2. Congenital and inflammatory diseases of the nose and paranasal sinuses

2.3.5.3. Techniques of endoscopic sinus surgery

2.3.5.4. Techniques of open nasal and sinus surgery

2.3.6. Laryngology

2.3.6.1. Voice, airway, and swallowing disorders

2.3.6.2. Advanced diagnostic techniques of voice and swallowing disorders, including videostroboscopy

2.3.6.3. Benign and malignant disease of the larynx and upper airway

2.3.6.4. Neurologic disorders of the pharynx and larynx

2.3.7. Head and neck surgery

- 2.3.7.1. Benign and malignant lesions of the skin, upper aerodigestive tract, and salivary, thyroid, and parathyroid glands

2.3.8. Facial plastic and reconstructive surgery

- 2.3.8.1. Aesthetic and reconstructive surgery of the face, head, and neck
- 2.3.8.2. Trauma to the face, head, and neck, including facial lacerations, auricular injuries, and facial fractures
- 2.3.8.3. Techniques for facial and head and neck reconstruction

2.4. Formal instruction in

- 2.4.1. Communication skills, including communication with Deaf and hard of hearing persons and persons with total laryngectomy
- 2.4.2. Quality improvement and quality assurance
- 2.4.3. Professionalism

2.5. Teaching and clinical supervision of junior learners

2.6. Participation in health advocacy

2.7. Completion of a scholarly research, quality improvement, or educational project

Recommended training experiences (Core stage)

3. Clinical training experiences:

- 3.1. Interdisciplinary clinics for management of patients with head and neck neoplasms
- 3.2. Otolaryngology-head and neck surgery in the community setting

4. Other training experiences:

- 4.1. Simulation experiences with endoscopic sinus surgery

Optional training experiences (Core stage)

5. Clinical training experiences:

- 5.1. Audiology
- 5.2. Speech language pathology
- 5.3. Medical imaging of the head and neck
- 5.4. Pathology of the head and neck

TRANSITION TO PRACTICE

The focus of this stage is to consolidate the clinical, surgical, and administrative skills required to perform as an Otolaryngology-Head and Neck surgeon. In this stage there will be a greater emphasis on leadership as trainees are required to demonstrate the ability to manage an Oto-HNS practice. This includes administrative responsibilities such as scheduling, managing clinics, billing, participating in QA and QI initiatives, and leading educational activities, all while still providing high quality patient care and planning for continued professional development.

Required training experiences (TTP stage)

1. Clinical training experiences:

1.1. Otolaryngology-head and neck surgery in the role of junior attending²

1.1.1. Outpatient clinics

1.1.2. Inpatient service

1.1.3. Operating areas

1.1.4. After-hours coverage in the junior attending role, including responsibility for consultations

1.1.5. Patient triage

2. Other training experiences:

2.1. Leadership, organization, and management of otolaryngology-head and neck surgery services

2.2. Participating in and/or leading multidisciplinary conferences

2.3. Clinical supervision of junior learners

2.4. Participation or completion of a continuing quality improvement activity

2.5. Formal instruction in

2.5.1. Practice management and billing

2.5.2. Fatigue risk management

2.5.3. Physician wellness

2.5.4. Continuing professional development

² "Junior attending" means that the resident assumes responsibility for patient care, and leadership in the education and clinical supervision of junior colleagues, with as much independence as permitted by ability, law, and hospital policy.

Recommended training experiences (TTP stage)

3. Clinical training experiences:
 - 3.1. Observation or participation in advanced surgical procedures
 - 3.2. Otolaryngology-head and neck surgery in the community setting

CERTIFICATION REQUIREMENTS

Royal College certification in Otolaryngology-Head and Neck Surgery requires all of the following:

1. Proof of attestation in Surgical Foundations (see the Surgical Foundations standards on the "Information by Discipline" page of the Royal College's website)
2. Successful completion of the Royal College examination in Otolaryngology-Head and Neck Surgery
3. Successful completion of the Otolaryngology-Head and Neck Surgery Portfolio

NOTES

The Otolaryngology-Head and Neck Surgery Portfolio refers to the list of entrustable professional activities across all four stages of the residency Competence Continuum and associated national standards for assessment and achievement.

Proof of attestation in Surgical Foundations is required for a resident to progress formally into the Core stage of training in Otolaryngology-Head and Neck Surgery. Some residents may "reach ahead" to start working on elements of the Core stage in Otolaryngology-Head and Neck Surgery but must present proof of the Surgical Foundations attestation to their program before they can be formally promoted into the Core stage of Otolaryngology-Head and Neck Surgery.

MODEL DURATION OF TRAINING

Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Historically, training in Otolaryngology-Head and Neck Surgery has required five years. There is no mandated period of training in each stage. Individual duration of training may be influenced by many factors, which may include the resident's singular progression through the stages, the availability of teaching and learning resources, or differences in program implementation. Duration of training for any one individual is therefore at the discretion of the faculty of medicine, the competence committee, and program director.

Guidance for programs

The Royal College Specialty Committee in Otolaryngology-Head and Neck Surgery suggested course of training, for the purposes of planning learning experiences and schedules, is approximately as follows:

- 1-2 months in Transition to Discipline
- 12-18 months in Foundations
- 36-40 months in Core
- 4-6 months in Transition to Practice

Guidance for postgraduate medical offices

For planning purposes, the stages of the Competence Continuum in Otolaryngology-Head and Neck Surgery are generally no longer than two months for Transition to Discipline, 18 months for Foundations, 40 months for Core and six months for Transition to Practice.

This document is to be reviewed by the Specialty Committee in Otolaryngology-Head and Neck Surgery by December 2027.

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