

TITLE
Curriculum for Otorhinolaryngology

AIM

The aim of the programme is to train aspiring Surgeons in Oto-Rhino-Laryngology/Head & Neck Surgery so as to produce specialists who will be well equipped to practice as competent Ear Nose Throat, Head & Neck Surgeons.

LEARNING OBJECTIVE:

The objective of the programme is to train highly qualified Specialist/ Consultant Otorhinolaryngologists competent to manage all ENT disorders at various levels.

The Trainee by the end of the programme shall:

- Be able to, independently, manage ENT surgical problems to the highest level of competence.
- Be able to set up, organize and manage surgical services in the district/regional/tertiary hospitals.
- Provide consultancy services where ever needed, and therefore will increase access to quality ENT surgical care,
- Teach residents, medical officers, medical students and other health care providers in ENT surgery
- Engage in research activities

ADMISSION REQUIREMENT:

Candidates must have a qualification registrable by the Local Medical/Dental Council, hereafter Council.

Candidates must have had at least one year of post-graduation experience which should be of general clinical duties acceptable to the Council (Internship) in their own country or in any other country accepted by the Council and must have been fully registered.

COURSE DURATION:

A minimum of 5years made up of:

- 3 years for the junior residency (part I) leading to the membership
- 2 years for the senior residency (part II) is considered adequate.

Course Structure:

The course is structured into:

1. Primary
2. Part I/Membership
3. Part II

Course Content:

COURSE CONTENT FOR PRIMARY IN ORL

This shall consist of the following Basic Sciences subjects.

Applied Anatomy including Neuroanatomy and Histology, Applied Physiology, Principles of General Pathology and Chemical Pathology, Pharmacology, Microbiology and Haematology. It is desirable that a candidate before appearing for the Primary Fellowship examination attends an update/revision course in the basic sciences or where available the combined applied basic sciences (CABS) Course.

The template of the CABS course is as stated below:

1st Year (1st Semester)

	LECTURE	PRACTICALS	CREDITS
Applied Anatomy	3	4	5
Applied Physiology	2	-	2
General Pathology	2	-	2
Microbiology	2	-	2
Haematology	1	-	1
Pharmacology	2	-	2
Ethics	1	-	1
Communication skills	1	2	2
Total	14 hrs	6 hrs	17 credits

1st Year (2nd semester)

LECTURE	PRACTICALS	CREDITS
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	2	6	5
Applied Anatomy	2	-	2
Applied Physiology	2	-	2
General Pathology	1	-	1
Microbiology	2	-	2
Haematology	1	-	1
Pharmacology	1	-	1
Ethics			
	11 hrs	6 hrs	14 credits

Total

2.1 Anatomy

2.1.1 Head and Neck

Osteology of the skull, jaws and cervical vertebrae

The Scalp

The Face

Topography of the Neck

The root of neck (Thoracic Inlet)

Anatomy of the vessels and nerves of the Head and Neck

The lymphatic drainage of the Head and Neck

The oral cavity and contents

Anatomy of the Pharynx, Larynx, Trachea and Oesophagus

Infratemporal and pterygopalatine fossae

Temporomandibular joint

The Orbit and its contents

The Nose and paranasal Sinuses

The Auditory apparatus

The major Salivary glands

Thyroid and Para thyroids

2.1.2 Developmental Anatomy

Development of the Pharynx, Larynx, Trachea, Oesophagus, Oral Cavity, Nose and Sinuses.

Development of the Ear (External, Middle Ear Cleft, Inner ear), Face and major vessels of the Head and Neck in relation to congenital anomalies of the Ear, Nose and Throat.

2.1.3 Neuro-Anatomy

The brain- surface anatomy and major divisions, cranial nerves, meninges, venous sinuses and cerebral vessels. Brain stem and its centres and connections. Anatomy of circulation of the cerebrospinal fluid. Essentials of development of brain in relation to ENT Autonomic nervous system.

2.1.4 Thorax:

Anatomy of:

- Thoracic wall and diaphragm

- The Thoracic cavity – heart and lungs
- The Tracheobronchial tree and oesophagus

2.1.5 Abdomen

Anatomy of the abdominal wall

Gross anatomy of abdominal viscera

2.1.6 Radiologic Anatomy: Plain and contrast radiography of the head, neck, thorax and upper gastrointestinal tract. Ultrasound scan Computerized tomography scanning and Magnetic Resonance imaging (MRI), Positron Emission Tomography (PET) Scan and Interventional radiology.

2.1.7 Histology:

Microscopic structure of normal tissues

Intercellular Anatomy

Basic principles of Histochemistry

Brief introduction to Electron Microscopy

Nasal and Paranasal Sinuses

External, Middle and Inner Ear

Oral cavity – Pharynx, Larynx, Oesophagus, Tracheobronchial tree, Salivary glands, Thyroids and Parathyroids.

2.2 **APPLIED PHYSIOLOGY: (INCLUDING BIOCHEMISTRY, CHEMICAL PATHOLOGY AND PHARMACOLOGY)**

2.2.1 General Physiological Principles:

- Structure of Living Matter
 - Biological interaction
 - The living cell, functions and changes in its mechanism
 - Function of nucleoproteins in the integration of the cell as a unit of living matter
- Energy Changes in the living system:
 - Thermodynamics of the living organism and its potential energy status
 - Oxygen – utilisation of the living cell
 - Heat production and Heat loss. (Basal metabolism, specific dynamic action, regulation of body temperature)
 - Energy transformation
 - Homeostasis
- General Considerations in Water, Electrolytes and Acid-Base Balance:
 - Distribution of water and electrolytes in extracellular and intracellular spaces of the body.
 - Brief survey of biological transport of water and solutes
 - Water and electrolytes balance
 - Causes and effects of dehydration and oedema

Sodium and Potassium Metabolism

- Acid-Base Balance
 - PH Regulation:
pH of the body fluids and buffer systems of the body
Respiratory and metabolic acidosis and alkalosis as encountered in surgical practice.
- Enzymes and Co-Enzymes
 - Effects of enzymes in intermediary metabolism
 - General aspects of metabolism of carbohydrates, lipids and proteins and nucleoproteins
- General principles of nutrition in surgery including parenteral nutrition, vitamins, folic acid, vitamin deficiencies
- Mineral Metabolism
 - Iron, Calcium/Phosphate/ Magnesium, Vitamin D and Parathyroid Hormones
- Effects of Physical Agents:
 - Radiation
 - Hypothermia
 - Hyperthermia
 - Hyperbaric Oxygen
- Principles of Electronics

2.3 Systematic Physiology

2.3.1 Haemodynamics

- Flow – Basic principles of Cardio-Vascular Physiology
- B.P. – Changes in Hypertension, Hypotension, Shock, Syncope
- Venous circulation and venous pressure
- Haemorrhage – Clotting mechanism

2.3.2 Auditory Apparatus:

- Functions of External, Middle and Inner Ear

2.3.3 Respiratory System

- Physiology of the Nose and Paranasal sinuses
- Physiology of the Larynx
- Pulmonary ventilation and control
- Protective mechanism of the lungs

2.3.4 Mouth, Pharynx and Oesophagus

- Mechanism of deglutition
- Oesophageal function

- 2.3.5 Special Senses
 - Taste and smell
- 2.3.6 Applied Physiology of Muscles
 - Electromyography
- 2.3.7 Endocrine glands
 - Pituitary, Thyroids and Parathyroids
 - Adrenals – Steroids, Corticosteroids and their actions
 - Metabolic and Endocrine response to surgery
- 2.3.8 Nervous System
 - Consciousness and higher integrated functions.
 - Sensation, Motor System, Pyramidal and Extra pyramidal systems, maintenance of muscle tone.
- 2.3.9 Physiology of Pain

2.4 Pharmacology

2.4.1 General Principles of Pharmacology

- Route of Administration, Absorption, Distribution and Excretion of Drugs
- Mechanisms of Drug Action
- Dose – Effect relationship, Biological assay
- Factors Modifying Drug Effects:
Age, Body Weight, Route of Administration, Timing, Distribution, Excretion, Environmental and Genetic Factors, Drug interactions
- Drugs Toxicity
- Development, Evaluation and Control of Drugs: Clinical Trials

2.4.2 Specific Classes of Drugs

- Anaesthetic agents, Antibiotics, Steroids, Chemotherapeutic agents
- Drug actions on the autonomic nervous system
- Choline and anti-choline drugs: Sympathetic and Adrenergic Drugs.
- Drugs acting on the cardiovascular system
- Antituberculous, Antihelminthic and Antiamoebic Drugs
- Cancer Chemotherapy
- Antiretroviral therapy

2.5 Pathology

This shall be largely concerned with general pathology, General principles underlying disease process:

Inflammation, Trauma, Degeneration, Repair, Hypertrophy, Hyperplasia, Blood coagulation, Thrombosis, Embolism, Ischaemia, Infarction, Neoplasia, Oedema, Principles underlying tissue replacement.

2.6 **Microbiology**

Routine diagnostic methods, identification of Bacteria, Viruses (HIV, HPV and EBV) and other organisms of surgical importance, Common parasitic and fungal diseases in the tropics.

Principles of sterilization and disinfection

Principles of immunology, toxic antibodies, allergy: the immune diseases

Methods of action of antibodies

2.7 **Chemical Pathology**

Basic principles of fluid and electrolyte balance

Blood chemistry

Liver metabolism: hepatic function tests, jaundice, detoxication

Kidney:

Principles of urinalysis

Tests for secretory function

Renal handling of Na⁺ and K⁺

1.8 Part I/ Membership Course:

This is divided into 2 clusters of 12 months and 24 months duration respectively for the ORL I & ORL II

1.8.1 ORL 1:

12 months in Otorhinolaryngology. Candidates should acquire basic skills in examination of patients as well as perform basic operations in ENT such as:

Removal of foreign bodies in the Ear Nose and Throat

Tonsillectomy

Adenoidectomy

Drainage of mastoid abscess

Drainage of septal abscess

Nasal operations

Para-nasal sinus operation and other head and neck operations

Drainage of abscess in the head and neck region

ORL II:

24 months of surgical training. This should consist of O.R.L. training of 6 months;

18 months of rotation in the following related specialties:

- 2 months in Ophthalmology
- 2 months in Neuro surgery
- 2 months in Cardio-thoracic surgery
- 6 months in General Surgery
- 1 month in Anaesthesia
- 3 months in Accident and Emergency medicine
- 2 months in Maxillofacial/Plastic and reconstructive surgery

Log book should be obtained at the inception of Part I O.R.L. to document operative surgery and other activities.

1.9 Part I/ Membership Examination

This shall consist of the following:

Paper 1 Principles of General surgery (3hrs)

Paper 2 Clinical ORL

Paper 3 Operative Surgery and Surgical Pathology

Clinical examination consisting of long and short cases in ORL

Clinical examination in General Surgery (This shall consist of General Principles of Surgery with emphases on Head and Neck)

Viva-voce in ORL and principles of surgery

There shall be External Examiner (s) in General Surgery in addition to ORL internal examiners. There could be an ORL external examiner from outside the sub-region in addition to the internal assessor as the Faculty deems fit.

1.10 PART II: Fellowship in General ORL

Duration: 2 Years Post Membership

After passing the Part I examination, the candidate must spend two years acquiring higher surgical/clinical skills in ORL and research methodology and skills in an accredited institution.

Skills must be acquired in the following surgical/Clinical procedures.

Audiology - 1 month rotation recommended

Laryngectomy and Voice rehabilitation

Neck dissection

Pharyngectomy

Maxillectomy (partial and total)

Surgery of the Salivary glands

All types of Sinus Surgery

Plastic operations in ORL

Mastoid Surgery and Middle & Inner Ear Surgery

Microlaryngeal surgery and Laser Surgery

Functional Endoscopic Sinus Surgery (FESS)

Panendoscopy and Bronchoscopy

Dissertation: The resident is expected to choose an ENT related topic - Clinical or basic science for his/her dissertation and submit a proposal to this effect in good time. The proposal, research and write-up should be under the supervision of an accredited member of Faculty. At least one supervisor should be a member of Faculty of ORL not less than five years postfellowship.

1.11 Part II: Fellowship Examination

This shall consist of:

Submission and defence of a thesis (Dissertation)

A viva-voce examination of two parts

- General Otorhinolaryngology
- Radiology and Surgical instruments

POST FELLOWSHIP SUBSPECIALTY TRAINING

This training is aimed at capacity building of the Tertiary centres. The areas of training are:

Otology/otoneurology

Rhinology

Laryngology/Head and neck surgery

Paediatric ORL

Facio-plastic/reconstructive surgery

The proposed period of training is a minimum of 1 year and maximum of 2 years. Funding may be sourced from donors and government of the respective countries to enable eligible candidates undertake this hands on training in approved and accredited overseas institutions when local resources are not available for this training. There should be certification after the requisite training period.

Routine for Residents

- Daily morning ward rounds by the Trainee and evening ward rounds by trainee on call
- Weekly teaching ward rounds with the Consultant
- Attendance at outpatient clinic with the Consultant available for advice and discussion
- Weekly tutorials with the Consultant
- At least twice a week operation sessions
- Monthly clinic-mortality and clinical audit meetings with the Consultant
- Monthly journal club meeting with the Consultant
- Monthly seminars in specific topics with Consultants
- Weekly head and neck oncology joint clinics
- Trainees will conduct clinical research and publish paper(s) with the Consultant
- The College will organize regular skills workshop for Trainees

PART 1/ MEMBERSHIP PROGRAMME

This part of the programme consists of two parts. ORL I and and ORL II .:

Year 1

ORL 1:

12 months in Otorhinolaryngology. Candidates should acquire basic skills in examination of patients as well as perform basic operations in ENT such as:
Removal of foreign bodies in the Ear Nose and Throat
Tonsillectomy
Adenoidectomy and the drainage of mastoid abscess
Nasal operations
Para-nasal sinus operation and other head and neck operations
Drainage of abscess in the head and neck

Log book should be obtained at the inception of PartI O.R.L. to document operative surgery and other activities.

COURSE CREDIT UNITS FOR JUNIOR RESIDENCY TRAINING IN
OTORHINOLARYNGOLOGY

One(1) hour of Lecture/Tutorial every week for three months = 1 credit unit

Four(4) hours of Clinical exposure/Skills acquisition every week for three months = 1 credit unit

POSTINGS	DURATION IN MONTHS	CONTACT LECTURES HRS/WK	CONTACT CLINICALS HRS/WK	CREDIT UNITS
OTORHINOLARYNGOLOGY I	12	5	60	60
OPHTHALMOLOGY	2	5	60	13
NEUROSURGERY	2	5	60	13
CARDIOTHORACIC SURGERY	2	5	60	13
GENERAL SURGERY	6	5	60	40
ACCIDENT AND EMERGENCY	3	5	60	20
MAXILLOFACIAL SURGERY OR PLASTIC AND RECONSTRUCTIVE SURGERY	2	5	60	13
ANAESTHESIA	1	5	60	7
OTORHINOLARYNGOLOGY II	6	5	60	40
TOTAL	36			219

A minimum of 219 credit units over a period of 36 months in the appropriate postings will make a candidate eligible to sit for the Part I Fellowship Examinations.

Additional competences

The following additional competencies should be acquired namely:

Examination under anaesthesia of nasopharynx and biopsy

Direct rigid laryngoscopy and biopsy

Tracheostomy

Biopsies of lesions of oral cavity, nasal cavity and other head and neck lesions

Staging and approaches to management of head and neck malignancies

Microsuction of ear, Insertion of ventilation tubes

Otomicroscopy

Flexible nasolaryngoscopy

Nasoendoscopy

Caloric test

Interpretation of audiometry and tympanometry

Interpretation of radioimaging in ORL

COURSES TO BE ATTENDED FOR PART I ORL TRAINING:

Otology and Audiology course
Head and neck dissection course
Laser course
General surgical skills course
Revision course

PART II FINAL FELLOWSHIP IN GENERAL ORL

This training programme spans over a 24 month period during which clinical and higher surgical skills are acquired

The areas of surgical skills to be acquired in addition to clinical work include:

- Practical Audiology - 1 month rotation recommended
- Laryngectomy and Voice rehabilitation
- Neck dissection
- Pharyngectomy
- Maxillectomy (partial and total)
- Surgery of the Salivary glands
- All types of Sinus Surgery
- Plastic operations in ORL
- Mastoid Surgery and Middle & Inner Ear Surgery
- Microlaryngeal surgery and Laser Surgery
- Functional Endoscopic Sinus Surgery (FESS)
- Panendoscopy and Bronchoscopy

Recommended courses for the Part II training includes:

- Functional endoscopic sinus surgery (FESS)
- Temporal bone dissection
- Head and neck Dissection course
- Advance Trauma Operative Management (ATOM) course

COURSE CREDIT UNITS FOR SENIOR RESIDENCY TRAINING IN OTORHINOLARYNGOLOGY

One (1) hour of Lecture/Tutorial every week for three months = 1 credit unit

Four (4) hours of Clinical exposure/Skills acquisition every week for three months = 1 credit unit

POSTINGS	DURATION IN MONTHS	CONTACT LECTURES HRS/WK	CONTACT CLINICALS HRS/WK	CREDIT UNITS
OTOLOGY	6	5	60	40
RHINOLOGY	6	5	60	40
LARYNGOLOGY	6	5	60	40
HEAD AND NECK SURGERY	6	5	60	40
THESIS				12
TOTAL	24			172

A minimum of 172 credit units over a period of 24 months in the appropriate postings will make a candidate eligible to sit for the Part II FINAL Fellowship Examinations.

COURSE ASSESSMENT:

1. Primary (entrance examination)

The assessment will be in form of examinations and portfolio for:

1. Part I/Membership
2. Part II

PRIMARY: This examination is in multiple choice question and one in five best option formats with questions spread across all aspects of basic medical sciences.

PART I:

- Formative assessment by log book
- Evaluation through annual report on each of the resident by the training Department.
- Attendance at update course and head and neck course and other update courses that may be required of the residents from time to time.

Examination: This will be in 3 parts:

1. Written

There are 3 parts to the written papers viz:

- A paper in general surgery principles,
- A paper in principles of ORL surgery
- A third paper in operative surgery and surgical pathology in ORL.

2. Clinical examination

This will be in 2 parts:

- a. Long cases
- b. Short cases

3. Oral examination

Having passed the primary examination and completed 3-years period of Junior Residency training the candidate will be eligible to sit for the Part 1/Membership examination that shall consist of:

1. Paper I: Written paper of 3 hours in the general principles and practice of surgery.
2. Paper II: Written paper of 3 hours in Clinical Oto-Rhino-Laryngology.
3. Paper III: Written paper of 3 hours in Surgical Pathology and operative surgery as related to Oto-Rhino-Laryngology.

A Clinical Examination in General Surgery.

A Clinical Examination consisting of long and short cases in Otorhinolaryngology.

6. An oral Examination in Otorhinolaryngology.

There shall be External Examiner (s) in General Surgery in addition to ORL internal examiners. There could be an ORL external examiner from outside the sub-region in addition to the internal assessor as the Faculty deems fit.

A candidate is deemed to have PASSED if he passes in all areas/parts of the examination including a PASS in CLINICALS.

A Candidate is deemed to have FAILED if he FAILS the Clinicals; his passing the other areas/parts of the examination not withstanding.

PART II

Formative assessment will include

- The log book
- Mandatory Faculty courses and College Research methodology and management courses

Examinations: Two years after passing the part I Fellowship Examination, a candidate will be eligible to sit for the Part II Fellowship Examination (Final). This includes the following:

- A Clinical Examination consisting of only one long case.
- **Defence of dissertation**
- ***A Viva Voce Examination in 2 parts:***
Viva I –General Otorhinolaryngology.
Viva II – Instruments and Imaging in ORL
- A candidate is deemed to have passed if he passes ALL the 2 component parts (Defence of Dissertation, Clinical examination – long case and Viva Voce).
- Where he/she successfully defends the dissertation but fails the clinical component, he is REFERRED in the component he failed. He/she is expected to re-sit that component at the next Fellowship examinations. The date of PASS is the date he/she passes the referred component of the examination.

LEARNING METHODS: This will be through the following:

- Clinical apprenticeship
- Hands-on training in clinic, wards and theatre
- Formal lectures, tutorials, case presentations, seminars
- Self directed learning, research and reading
- Senior residents to teach and supervise junior residents
- College and Faculty courses and workshops (some of which are mandatory)
- Attendance at medical conferences

CERTIFICATION:

After the successful completion of the requisite rotations leading to the Part I/Membership examination and passing the examination, the Part I/Membership Certificate will be awarded by WACS

At the successful completion of Part II Fellowship examinations, the Fellowship Certificate is awarded by the College.

**ACCREDITATION CRITERIA:
CRITERIA FOR ACCREDITATION OF INSTITUTIONS FOR OTO-RHINO-
LARYNGOLOGY TRAINING.****General Surgery:**

Any institution already accredited for General Surgery.

A general hospital where the surgeons have facilities and personnel to carry out operations including head and neck surgeries.

Oto-Rhino-Laryngology:

This should be a teaching or other suitable hospital with at least 2 Consultants one of whom shall be a Fellow of the College or hold other equivalent qualification.

The training unit should have an adequate number of trained E.N.T. Nurses in the outpatient clinics, on the wards and in the operating theatre.

There must be facilities for Audiological Testing Viz:

Trained Audiologist/Audiometrician.

Hearing Aid Technician

Clinical Audiometer.

Evoked Response Audiometer

Tympanometer

Sound Proof Booth.

Speech Therapist (at least one)

Standard/well equipped E.N.T. Theatre including the following:

Operating Microscope with teaching side arm

Mastoid Surgery sets.

Tympanoplasty and Stapedectomy sets

Assorted Endoscopy sets complete with light source.

FESS

Tonsillectomy and Adenoidectomy sets

Sets for nasal operations

Tracheostomy sets

General Surgery sets

Suction, Electrocautery sets (Cryosurgery and Laser Kits optional)

Standard equipped Out Patient Department include:

Adequate clinic space

Diagnostic and treatment Units

Full set of E.N.T. Out patient equipment

Imaging viewing facilities
C-T Scan at or within reach of the training institutions
M.R.I. Scan at or within reach of the training institution optional
Room for Vestibulometry and equipment for Caloric Testing and Electronystagmography
Room and equipment for Allergy Diagnostics and Investigation of Taste.
Treatment room.

Temporal Bone Lab. Complete with the following:

Operating Microscope with side arm and camera attachment
Loupes, Micro -drills and Burrs
Temporal Bone Circular Saw and Striker Saw Blades
Lion jaw forceps and blade holders
Frenkner Bowl and Bowl and Bone plug cutter
Drill with hand piece etc
Plaster of Paris, Suction tubes, Formalin and Syringes
Special Temporal Bone Dissection Table.

COMPREHENSIVE ACCREDITATION CRITERIA

SECTION A: Surgical Units of the Institution: (Maximum of 10 points)

The training Institution must have full accreditation in General Surgery by the Faculty of Surgery of the respective College. **4 points.**

This will include the hospital having the following surgical units for the postings of Otorhinolaryngology (ORL) Residents:

CardioThoracic (1), Plastic and Reconstructive Surgery (or Maxillofacial) (1)

Neurosurgery (1), Accident/Emergency (1), Ophthalmology (1) **4 points**

Other departments in the hospital with adequate facilities especially with regard to ORL patient care: Anaesthesiology, Radiology, Pathology departments, Blood banking; Pharmacy **2 points.**

SECTION B: Otorhinolaryngology:

1. Administration/Staff (Maximum of 18 points)

The Department should be an autonomous ORL department of a hospital and/or College of Medicine, as appropriate. It may be a stand-alone hospital/institution. **1 point**

It shall be headed by a Fellow of the College. **1 point**

There shall be adequate funding of the Departmental activities especially its training programme. **2 points**

S/no	Description and minimum number of staff	Score Guideline	Points scored
	ORL Consultant: At least 4 consultants of which at least 2 must be not less than 5 years Post Fellowship	2 points per consultant up to a maximum of 8 points; (3 part time consultants are equivalent to 1 full time consultant)	
	Audiologist/Audiometrician – 2;	1 point each (2points	
	Speech pathologist/therapist – 2	1 point each (2 points max)	
	ENT trained Nurses deployed in outpatient, wards and theatre	1 point each (2 points max)	

2. Outpatient Clinic (Maximum of 16 points)

s/n	Description and minimum number	Score Guideline	Points scored
1	Consulting stations: minimum of 6 Minimum of (6) ENT Consoles with patient chair & Doctors' chairs Basic ENT clinic instruments 1.Jobson Horne's probes (50); 2.Suction nozzles (50); 3.Tilley's dressing forceps (50); 4.Crocodile forceps(50) 5.Cawthornes aural forceps (50); 6.Nasal specula (100) 7.Aural Specula (20); 8.Tongue depressors (100) 9.Tuning forks (20); 10.Laryngeal mirrors (50) 11.Otoscopes (10); 12.Head mirrors (10) 13.Suction machines (6) optional if consoles requirements are met -	1/2 point per station 1point each 6 points	
2	Treatment room with accessories	1 point	

3. ENT Laboratory and other facilities (Maximum 16 points)

Departments to provide portfolio of Departmental grand Rounds, Seminars, Clinical conferences, Clinicopathological conferences, joint meetings with other departments, revision courses in the department, etc.

	Description and minimum number	Score guidelines	Points Scored
1	Audiology Lab; Pure tone audiometer (1) Tympanometer (1); OAE machine (1), ABR machine (1) Audio booth or Sound proof room	5 points	
2	Vestibular Lab: ENG machine (1), Caloric Machine (1)	2 points	
3	Temporal bone dissection Laboratory with facilities – (drills, burrs, bone holder, microscope/loupe); Ear instruments accessories	2 points	
4	Endoscopy/Otomicroscopy room for out-patient procedures, telescopes and flexible laryngoscope, CCU/Camera/monitor, Microscope	2 points	
5	Speech Lab: Stroboscopy machine and accessories	1 point	
6	Rhinometric Lab: Rhinometer and accessories	1 point	
7	Sleep Lab: Polysomnograph and other accessories	1 point	
8	Seminar room with audiovisual aid, multimedia facilities	1 point	
9	Training programmes of the Department in the past three years	1 point	

4. Operating Theatre: (Maximum of 16 points)

Operation Register in the past three years shall be provided for inspection. The instruments will be inspected.

s/n	Description and minimum number	Score guidelines	Points scored
1	ORL theatre room space and sessions Minimum of two operating sessions	1 point per op. session per week, max 2 points	
2	Sets of instruments for the common ORL operations, 1.Tonsillectomy/Adenoidectomy set 2.Nasal tray, Antrostomy tray & Caldwell luc tray 3.Middle ear set and mastoid set 4.BasicSurgery (Minor and Major sets) 5.Laryngoscope (Adult and Peadiatric) 6.Oesophagoscope (Adult and Peadiatric) 7.Broncoscope (Adult and children) 8.Endoscope forceps and suction nozzles	1 point per set of instruments max 8 points	
3	Operating microscope with teaching arm or camera; -	2 points	
4	Endoscopic Surgery instrument sets; telescopes, CCU/Camera/Monitor	2 points	
5	Intensive Care Unit, well-equipped	2 points	
6	Others- Departmental theatre - equipped		

5. In-patient Wards: (Maximum of 9 points)

There shall be a Ward dedicated to ORL in-patients and has a minimum of 20 bed spaces

In-patient register of the past three years to be sighted.

s/n	Description and minimum number	Score Guidelines	Points scored
1	Bed space of 20 : males - 7, females 7 & children – 6	1 point for each 5 beds; 3 points for a dedicated ward and 1 point for a non dedicated ward	
2	Ward treatment room	1 point	
3	Call room space for Residents	1 point	
4	Others		

6. Learning Resources of the Department (Maximum of 4 points)

s/n	Description and minimum number	Score Guidelines	Points scored
1	Departmental Library with ENT reference books and current journals	1 point	
2	Institution's Library, if Residents have easy access	1 point	
3	ICT facilities with Internet access	1 point	
4	Museum for pathology pots, etc,	1 point	
5	Others		

7. Patient Work – load - (Maximum of 10 marks)

Patient load should reflect variety in number and types of ORL clinical conditions handled per annum in the training institution vis a vis the number of Residents in the training Department

New Out-patient attendance per annum:

Points scored

≤ 500	-	1 point
501	- 1000	2 points
1001	- 2000	3 points
2001	- above	4 points

In-patient load (Total admissions per annum)

< 50	-	1 point
51	- 100	2 points
101	- 150	3 points
151	- above	4 points

Patients operated upon per annum:

Up to 50 patients/ annum	-	1 point
Equal to and more than 51 patients	-	2 points

8. Accreditation status to recommend:

Accreditation status will be determined by the total scores within the following guidelines:

8a. The Department should be able to score a minimum of 5 points from section A, and 45 points from section B. In addition, the scores from Section B shall meet the following minimum spread of the scores from various segments of section B

Section	Minimum Score	Actual score
A: Surgical Units/other Departments	5	
B1. Administration/Staffing	9	
B2. Out patients	8	
B3. Laboratory	8	
B4. Op theatre	8	
B5. Ward	5	
B6. Learning Resources	2	
B7. patient work load	5	
Total	50	

If the criteria set out in 8a are fulfilled, the Department becomes eligible to be considered further for accreditation as stated hereunder:

RECOMMENDATION:

- 8b. 70 points plus: full accreditation for 5years
50 – 69 points: partial accreditation for 2years
<50 points: denial of accreditation.

The number of Residents to be approved for the junior and senior stages will be determined by taking into cognisance the number and experience of personnel on ground, quality and variety of infrastructure in the Department, inherent strengths and comparative advantages of the training programme mounted in the department, the track record of the Department and the patient work load

Number of Residents Recommended for training:

Junior :

Senior:

9. Signatures/Date

.....
Full Names/Signature
Chairman/Team Leader

.....
Full Names/Signature
Panel Member

.....
Full Names/Signature
Panel Member/Secretary

.....
Full Names/Signature
Panel Member