CHALLENGES AND OPPORTUNITIES IN FELLOWSHIP TRAINING IN OTOLARYNGOLOGY-HEAD AND NECK SURGERY
Fellowship training in otolaryngology-head and neck surgery is a relatively new phenomenon that reflects the increasing complexity of clinical medicine. Despite an expansion of fellowship opportunities over the last three decades, there is still incomplete regulation and standardization of fellowship training. Approximately one third of residency graduates obtain some form of fellowship training. This article describes the fellowship opportunities that are currently available within the field of otolaryngology. Fellowship training serves as an avenue to gain further credentials and certification, although only the fields of neurotology, pediatric otolaryngology, and sleep medicine are accredited by the ACGME.

FELLOWSHIP OPPORTUNITIES

- Allergy
- Cosmetic Surgery
- Facial Plastic and Reconstructive Surgery
- Head and Neck Oncologic Surgery +/- Microvascular Reconstruction
- Laryngology
- Otology/Neurotology/Skull Base Surgery
- Vestibular and Balance Disorders
- Pediatric Otolaryngology
- Rhinology and Sinus Surgery
- Sleep Medicine
- Hair Restoration
Historical Perspectives – Fellowship Training

- 1960s – fewer than 10 programs
- 1970s – about 25 programs
- 1991 – 105 fellowships listed in AAO-HNS directory
- 1993 – 151 fellowships

Reasons:

- Deficiency in residency training experience
- Expanded scope of practice for OTO-HNS
- Socioeconomic forces favoring the fellowship director(s) & trained fellow
Concerns over expansion of Fellowship training
- Strength of OTO-HNS specialty depends on maintaining integrity of general practice of otolaryngology and unity of specialty

B. Bailey, MD editorial papers (1990s):
- Maintain “quality” – educational (didactic & research) & surgical (case volume and complexity/variation)
  - Fellow candidates
  - OTO-HNS residents
- Goals: educational standards, accredit programs, evaluate effects of fellowship training on resident training
- Match public need/demand w/ supply of trained fellows
  - Manpower studies and workforce optimization
- Develop means of certification and credentialing and define content of general otolaryngology
Various surveys:

- Academic interest(s) or interest in Academic Medicine
  - Research, training of residents, training of fellows, etc.
  - Many prominent fellowship mentors, and those who pioneered many techniques of subspecialty otolaryngology, were not themselves fellowship trained
  - Not necessarily a requirement for an academic career
- Perceived inadequate training (operative case load)
- An extra year of training to secure academic position
- An extra year of training to enhance private practice
- Desire to develop subspecialty practice
- Avoid malpractice
- Gain hospital privileges
- Improve competitiveness
- Increase income
REASONS TO PURSUE FELLOWSHIP TRAINING

- Concentrating on one aspect of otolaryngology
  - Increased exposure to higher volumes and complexity of surgical cases can be a valuable investment

  - Surgical proficiency improves and expertise comes with performance of large numbers of specialized procedures

    - For some this is not available in residency

    - A broad, diverse education in otolaryngology often does not allow a resident opportunity to perform numbers of cases in some subspecialty areas required to achieve a high level of expertise

  - Experience of learning under direct guidance of fellowship mentors
### Required Minimum Number of Key Indicator Procedures for Graduating Residents

Review Committee for Otolaryngology

<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure</th>
<th>Min #</th>
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<tbody>
<tr>
<td><strong>KEY INDICATOR: Head &amp; Neck</strong></td>
<td>Parotidectomy (all types)</td>
<td>15</td>
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<tr>
<td></td>
<td>Neck Dissection (all types)</td>
<td>27</td>
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<td>Oral Cavity Resection</td>
<td>10</td>
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<td></td>
<td>Thyroid/Parathyroidectomy</td>
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<td><strong>KEY INDICATOR: Otology/Audiology</strong></td>
<td>Tympanoplasty (all types)</td>
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<td>Mastoidectomy (all types)</td>
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<td></td>
<td>Stapedectomy/Ossiculoplasty</td>
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<td><strong>KEY INDICATOR: FPRS</strong></td>
<td>Rhinoplasty (all types)</td>
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<td>Mandible/Midface Fractures</td>
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<td></td>
<td>Flaps and Grafts</td>
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<tr>
<td><strong>KEY INDICATOR: General/Peds</strong></td>
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<td>Congenital Neck Masses</td>
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<td></td>
<td>Ethmoidectomy</td>
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<tr>
<td></td>
<td>Bronchoscopy</td>
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</table>
REASONS NOT TO PURSUE FELLOWSHIP TRAINING

- Desire to practice general otolaryngology and feel adequately trained by their residency program
  - Common reason sited by many residents in various surveys

- Compared to the past, it should not be due to inadequate training and teaching in residency
  - Ideally, purpose should be to achieve higher level of mastery in a given subspecialty, for the benefit of patients and the public as a whole and to enrich the participating physician’s career
ACCREDITED V. UN-ACCREDITED

- Issues WRT Accredited and Unaccredited fellowship opportunities
  - AOA – AOCOO-NHS/F training v ACGME training
    - Implications for future with Unified training programs?
    - Reasons for or against accredited v unaccredited?
ACCREDITED FELLOWSHIP TRAINING

- Allergy (AOBOO-HNS)
- Otology/Neurotology (ACGME)
- Pediatric Otolaryngology (ACGME)
  - [http://www.aspo.us/fellowship-listing/](http://www.aspo.us/fellowship-listing/)
- Head and Neck Surgical Oncology (AHNS)
- Facial Plastic and Reconstructive Surgery (AFPRS)
  - [http://www.aafprs.org/fellowship/descriptions.html](http://www.aafprs.org/fellowship/descriptions.html)
- Sleep Medicine (ACGME)
  - [https://www.acgme.org/ads/public](https://www.acgme.org/ads/public)
UNACCRREDITED FELLOWSHIPS

- **Otology/Neurotology**
  - [http://www.otologyfellowship.com](http://www.otologyfellowship.com)
  - [http://clinicaldepartments.musc.edu/ent/fellowship/neurotology.htm](http://clinicaldepartments.musc.edu/ent/fellowship/neurotology.htm)

- **Vestibular and Balance Disorders**
  - [http://www.masseyeandear.org/education/otolaryngology/fellowship_program/balance/](http://www.masseyeandear.org/education/otolaryngology/fellowship_program/balance/)

- **Laryngology**
- **Sleep Medicine**
- **Rhinology**
- **Allergy (AAOA)**
- **Cosmetic Surgery**
- **Hair Transplantation/Restoration Medicine and Aesthetics (NYCOM)**