

## Fellowship

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### Shaun Jackson Head and Neck Fellowship

This is a 12-month fellowship, starting in August each year, aimed at candidates approaching the end of their higher surgical training with the FRCS ORL-HNS or equivalent, or post CCT. We also welcome International candidates, who should make contact directly with the Fellowship organisers to discuss eligibility prior to application.

#### Objectives

On completion of the programme it is intended that the Fellow will be fully prepared to assume a Consultant position in a tertiary head and neck unit. The successful candidate will be trained in all aspects of modern surgical head and neck oncology including transoral surgery, traditional open ablative surgery and benign and malignant thyroid/parathyroid disease.

The successful candidate will have a central role in the preparation and presentation of patients in the MDT. It is expected of them to become involved with data collection, population of dedicated oncology/thyroid databases and publish on the clinical outcomes of the unit. Our researchers are recognised national and international leaders in head and neck cancer, including immunotherapy (Professor Ottensmeier), HPV positive oropharynx cancer (Professor Jones), oral cancer (Professor Shaw) and survivorship, including health related quality of life (Professor Rogers) and speech and language therapy (Professor Patterson). LHNC boasts a comprehensive portfolio of early and late-phase clinical trials and is the leading recruiter to NIHR head and neck studies nationally with over 5000 patients recruited into portfolio studies since 2006. There is scope for interested fellows to get involved in ongoing trials and gain experience of clinical trial involvement including consent and recruitment processes.

#### The structure and Monitoring of the Fellowship Objectives

It is intended the successful candidate will be exposed to all facets of head & neck, thyroid & parathyroid surgery.

**Our goal is to extend the candidate's surgical competency to that of a safe independent practitioner working within a head and neck multi-disciplinary team.**

During the clinical year, the Fellow's primary responsibilities are in the field of patient care, including both in- and out-patient settings. The Fellow has primary responsibility to lead the junior clinical team for ward, teaching and referral queries related to head and neck cancer patients.

Surgical responsibility during the year will be tailored on a personalised basis depending on the candidate's progress, with progressively increasing responsibility in major cases. Teaching of registrars will be an important component of the Fellowship, in preparation for assuming a future Consultant position.

Previous recent Fellow operative numbers indicate you can expect to operate on approximately 350 patients as primary surgeon or training a registrar, including (based on 2019 figures, pre-COVID):

- Neck dissection: 72
- Major salivary gland: 25
- Total laryngectomy: 15
- Trans-oral surgery (including oropharynx, larynx, mucosectomy): 60
- Thyroid/parathyroid: 55

There will be the opportunity to gain experience of maxillofacial cases with our OMFS team depending on the interests of the successful candidate and this will be discussed during the introductory meeting at the start of the Fellowship. There will be an expectation for the Fellow to pursue audit or research projects during the year.

The successful candidate will have an introductory meeting within the 1st 4 weeks of their start and at 3-monthly intervals during the year. At the initial meeting with their educational supervisor, the Fellow will sign off on a list of the expected objectives and minimal standards that they are expected to achieve. In addition to regular informal trainer feedback, there will be periodic, formal written evaluation of progress with evaluation forms and this feedback, together with "360 degree" evaluations, will be reviewed after 6 months at the mid-point meeting to help guide the training focus for the second 6 months. It is mandatory that the candidate maintains an operative log during the fellowship, as well as further evidence when available e.g. patient feedback, reflective practice.

For more information, please contact [Mr. Jason Fleming](#) (Fellowship Director)

### Current & Past Fellows



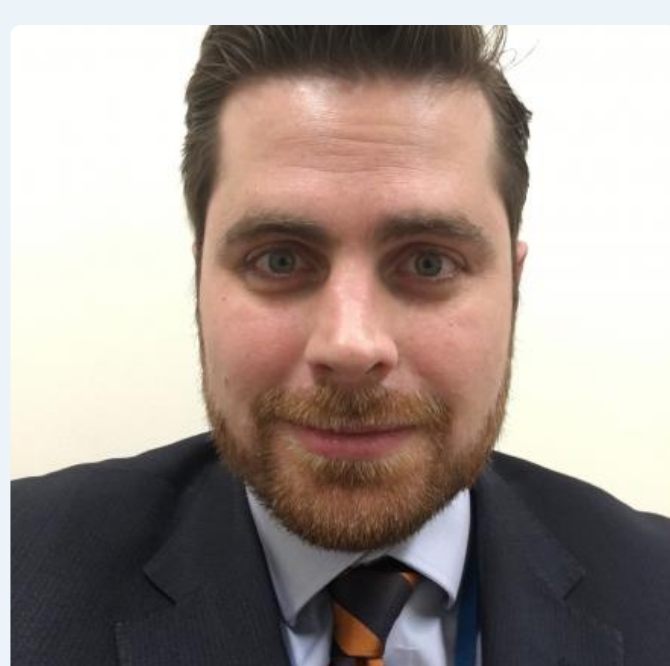
#### 2023-current

James Constable



#### 2022-2023

Lepa Lazarova  
James Cook University Hospital, Middlesbrough



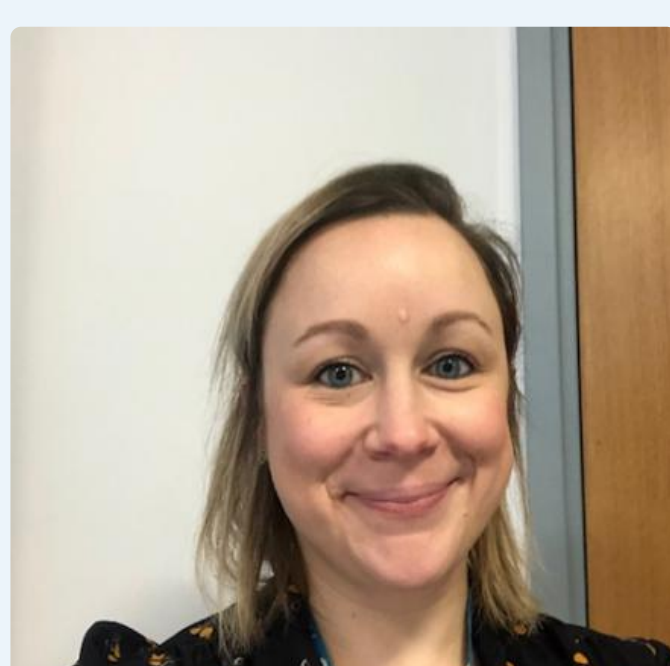
#### 2021-2022

Luigi Volpini  
Lancashire Teaching Hospitals NHS Foundation Trust



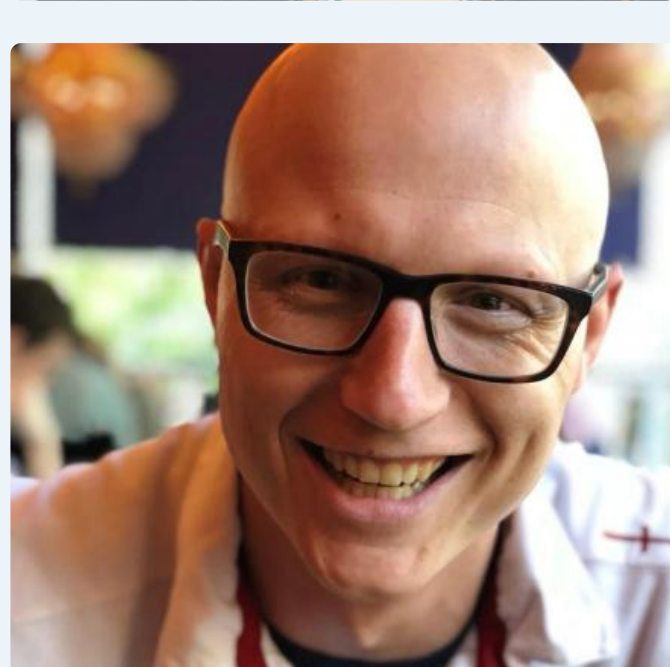
#### 2020-2021

George Garas  
University Hospitals Birmingham NHS Foundation Trust



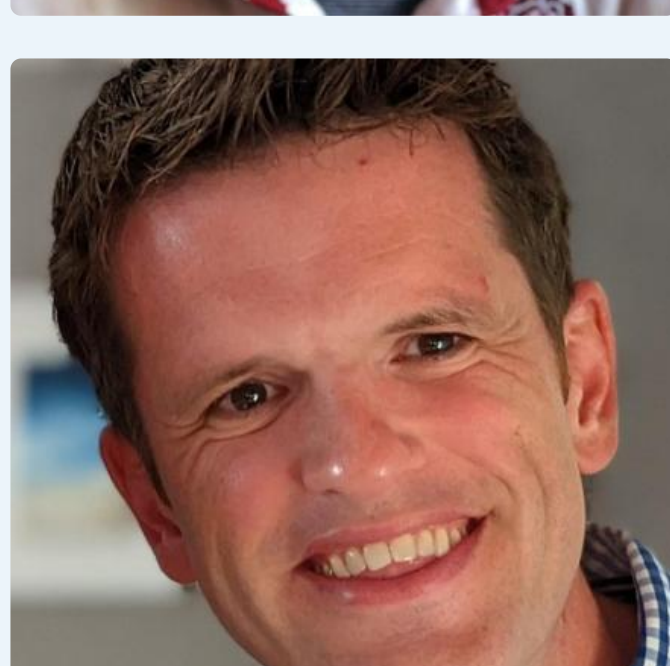
#### 2019-2020

Katharine Davies  
Liverpool University Hospitals NHS Foundation Trust



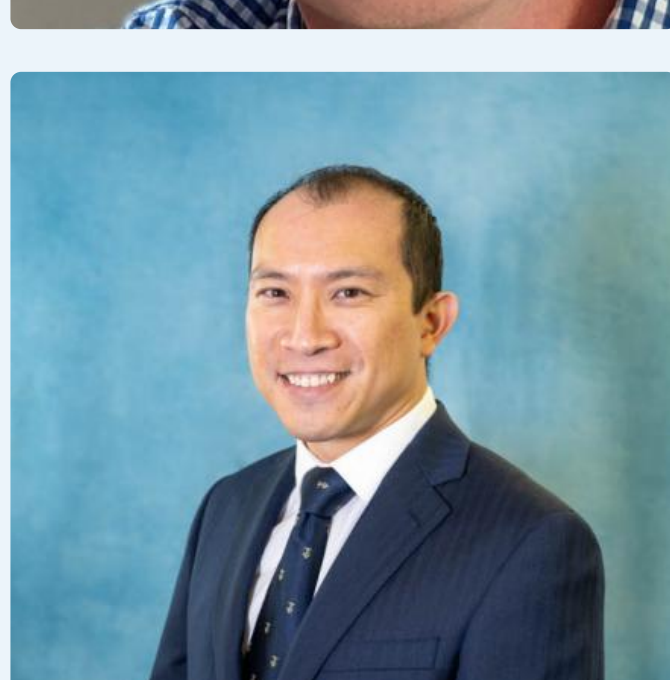
#### 2018-2019

Richard Williams  
Torbay and South Devon NHS Foundation Trust



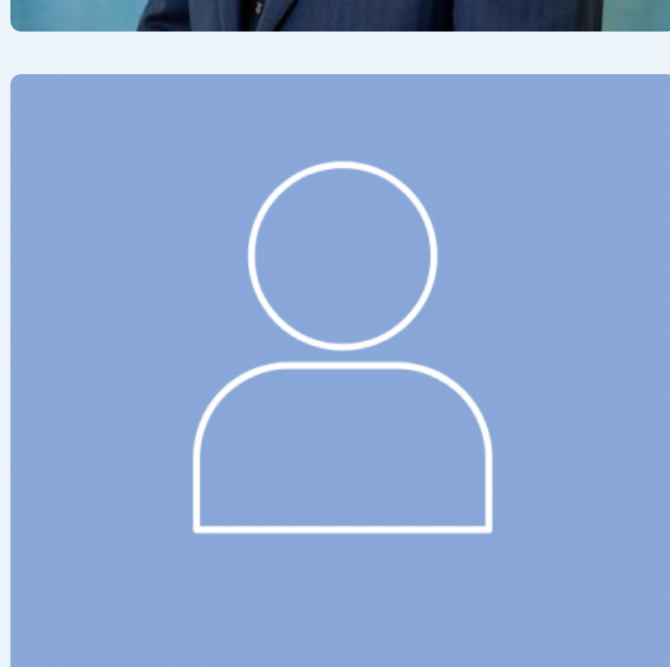
#### 2017-2018

David Hamilton  
Newcastle upon Tyne Hospitals NHS Foundation Trust



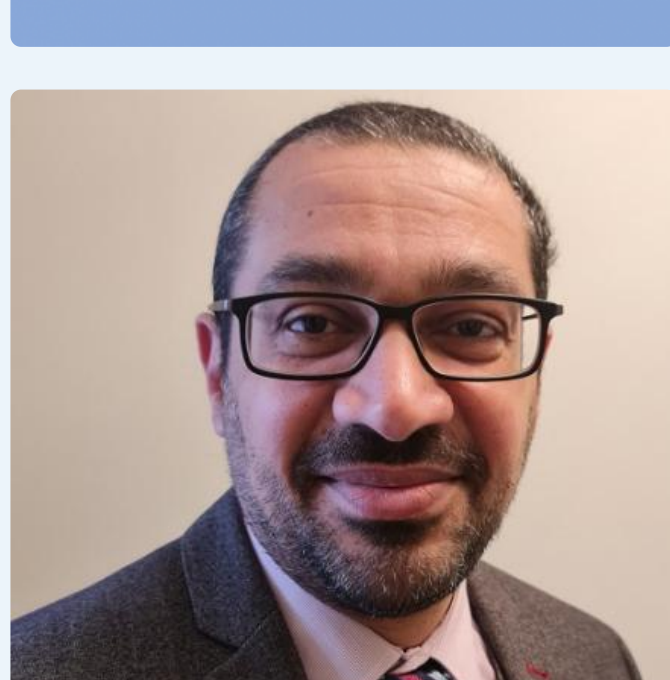
#### 2016-2017

Christopher Loh  
Liverpool University Hospitals NHS Foundation Trust



#### 2015-2016

Dimitrios Chatzoudis  
University Hospitals of Leicester NHS Trust



#### 2014-2015

Ahmed Sweed  
Mid Cheshire Hospitals NHS Foundation Trust

#### In Partnership with

