

"Working in paediatric ENT is not without its challenges but this is equally what gives the specialty some of its greatest rewards."

Mr Charles Daultrey is an ENT Specialist Registrar, ST6 at University Hospitals Birmingham NHS Foundation Trust.

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Portrait of Mr Charles Daultrey

How I got into the role?

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I was always a practical child and loved building and producing Lego, Meccano and Airfix planes. By my mid-teens I was enjoying human biology and had decided on a career in medicine. During sixth form, I shadowed two surgeons and then my passion for a practical career was ignited.

I loved surgical placements as a medical student at Birmingham University, particularly the month spent in ENT during my final year.

After medical school I did two years [foundation training](#) ^[1] and was fortunate to have rotations that included urology/general surgery, ENT and cardiology during my first year (FY1). In my second foundation year (FY2) I gained more experience in ENT, trauma and orthopaedic and general/breast surgery. At this point I was almost set on an ENT

career.

Before the next stage of progression, I took a year out from training, working at Birmingham University as an anatomy demonstrator, teaching medical and dental students. During this year I also worked as a locum doctor in ENT and A&E. Working with acutely unwell patients in A&E provided valuable experience, learning to manage a variety of emergency situations, along with further ENT work developing my experience and knowledge base.

During this year I worked towards my Membership of the Royal College of Surgeons (MRCS) exams, essential in progressing toward higher surgical training (HST).

I then successfully applied for core surgical training, securing an ENT themed post, providing the basic surgical grounding for an ENT career. Core surgical applications are highly competitive and experience and evidence of career commitment are essential. During the two years I gained experience in general adult/paediatric ENT and cardiothoracic surgery, further cementing my drive to a career in otorhinolaryngology.

I began developing my operative skills during core surgical training, performing procedures such as tonsillectomy, grommets and septoplasty, whilst assisting in major head and neck cases. (See role article on [ENT surgery](#) [2] for explanations). During core training I attended general and specialist ENT clinics, along with running emergency outpatient clinics with junior colleagues. Such clinics allow experience in common acute cases such as nosebleeds, abscesses, ear infections and postoperative patients. I also completed my MRCS exams along with the Diploma of Head and Neck Surgery during CT1.

During CT2 I applied for HST, a highly competitive application, testing genuine commitment to specialty through a broad application process including experience, surgical skill and publication work.

Fortunately I was offered an ST3 post in ENT, when my higher surgical training commenced. Throughout this training, responsibility has increased and developing, broadening and refining surgical and clinical skills have formed the bedrock.

What I do

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My current post is based at Birmingham Children's Hospital, where I treat babies and children of all ages with a variety of ENT conditions.

I spend two and a half days in theatre each week, starting at around 7.45am and finishing around 5-6 pm, although I will stay until around 8pm if the operations are longer. To ensure continuity of care I see patients and their families before and after surgery,

discussing procedures/risks prior to theatre and outcomes and on-going care after surgery.

My half-day list tends to involve shorter operations such as grommet insertion and foreign body removal from noses and ears, something incredibly common in a paediatric hospital! Many ENT operations are day cases, while longer cases such as complex ear surgery or head and neck cases may require observation overnight or over a few days.

Ward rounds are a regular part of my work, reviewing admitted patients with acute conditions and post-operative cases, although ENT inpatient load is often small with reviews shifted into outpatients.

The final significant part of my job is one and a half days of outpatient work, reviewing patients with new conditions, or follow up after medical/surgical treatment. My remaining time is spent teaching students and junior doctors, both in hospital and at Birmingham University, where I hold an honorary contract. During this continuing personal development time registrars are expected to conduct research, audit and publication work, whilst attending monthly regional training days and regional, national and international courses and conferences.

The best bits and challenges

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Outpatients allows a great opportunity for meeting patients, families and some wonderfully diverse characters with amazing stories. I love the surgical component of the job and still remember my first operation, during FY1. It was nerve-wracking and incredibly exciting as I finally recognised my career developing and felt I was beginning to make a tangible difference to patient outcome.

The crossover and interaction with other specialties is vast in ENT, including neurosurgery, plastics, oral and maxillofacial surgery. We work in multidisciplinary teams with physician colleagues and other specialists including speech and language therapists and physiotherapists, something which is hugely enjoyable.

Working in paediatric ENT is not without its challenges but this is equally what gives the specialty some of its greatest rewards. Surgery can be highly complex and whilst children can compensate fantastically, they can deteriorate very quickly when unwell, requiring rapid intervention.

Interacting with parents and families is a huge component of paediatric practice and clear explanation is essential, although remaining balanced and realistic is part of any medical career. Diversity of social backgrounds and language barriers are often met and we must be adaptive in these situations.

On-call is undertaken from home as multiple hospital sites are covered over 24-hour periods. Emergency work sometimes involves being up all night, reviewing unwell patients and operating on emergency cases and whilst it can be tiring, it often provides the most interesting and rewarding work.

Life outside work

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I am on call ^[3] one weekend in seven for the whole weekend and I work 1 night in 7 during midweek. Although I often stay into the evening, much of my evenings and weekends are free, allowing time to unwind and relax.

Having a good work life balance is absolutely vital in medicine. I make the effort to go to the gym or run where possible and continue to challenge myself with a number of events, and also playing golf, weather permitting! I have a fantastic group of friends and very close family and we all meet up as much as possible for a good, old-fashioned get together.

Career plans and top tips for others

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Before I finish my HST in about two and a half years, I am required to pass my Fellowship of the Royal College of Surgeons (FRCS) exams. At the end of training I will be awarded my Certificate of Completion of Training ^[4] (CCT ^[5]) and I then plan to complete a fellowship before applying for consultant posts.

Rhinology (the nose & sinuses) interests me, with diverse operating spectrum and opportunity to use up to date equipment and devices.

Top tips

- stay ahead of the competition wherever possible. Plan specialty application early by acquiring a copy of a HST application (online) and use it as a tick-box for achievements to complete during your training
- make something of your spare time – organise your life carefully and ensure you have outside interests that challenge you in ways medicine and surgery do not, this along with friends and family will keep you grounded and sane!

Links

[1] https://www.healthcareers.nhs.uk/glossary#Foundation_training [2]

<https://www.healthcareers.nhs.uk/explore-roles/surgery/ear-nose-throat-surgery> [3]

https://www.healthcareers.nhs.uk/glossary#On_call [4]

https://www.healthcareers.nhs.uk/glossary#Certificate_of_completion_of_training [5]

<https://www.healthcareers.nhs.uk/glossary#CCT>