Otorhinolaryngology (ear, nose and throat surgery, ENT)

Otorhinolaryngologists (also known as otolaryngologists or ear, nose and throat or ENT Surgeons) are surgical specialists who diagnose, evaluate and manage a wide range of diseases of the head and neck, including the ear, nose and throat regions.

This page provides useful information on the nature of the work, the common procedures/interventions, sub-specialties and other roles that may interest you.
ENT surgeons often treat conditions that affect the senses such as hearing and balance disorders or smell and taste problems. They also treat patients with conditions that affect their voice, breathing and swallowing as well as those with head and neck tumours including the skull base and interface with the brain.

ENT surgeons may treat people of all ages from newborn babies to elderly people. They see more children than most other surgeons, apart from paediatric surgeons. One of the attractions is that they treat a wide spectrum of ages and diseases.

A proportion of an ENT surgeon’s time is spent in outpatient clinics and managing conditions medically without the need for surgery. The use of microscopes & endoscopes in outpatients allows treatment/ diagnosis in the clinic. ENT has possibly the widest range of operations of any speciality from major head & neck procedures with flaps & complex reconstructions to microsurgery on the ear.

ENT surgeons treat a very wide range of conditions. These include:

- ear conditions
- nose conditions
- throat conditions
- head and neck conditions
- facial cosmetic surgery

**Ear conditions include:**

- otosclerosis (a condition of the middle ear that causes hearing loss) and other problems with hearing and deafness
- otitis media with effusion – a common condition of childhood (also known as glue ear) in which the middle ear becomes blocked with fluid
- age related hearing loss
- tinnitus \[1\] (ringing in the ears) and eustachian tube dysfunction
- dizziness and vertigo
- ear infections
- perforated ear drum and cholesteatoma
- protruding ears

**Nose conditions include:**

- sinus infection and rhino-sinusitis, including in children
- nasal injuries
- nasal polyps
- tumours of the nose
- nasal obstruction
- disorders of the sense of smell

**Throat conditions include:**

- adenoid problems – surgical removal of these small glands in the throat at the back of the nose is sometimes needed, and is usually performed in childhood
- tonsillitis, sometimes requiring surgical removal of the tonsils, usually in childhood
- hoarseness and laryngitis
- swallowing problems
- upper airway breathing problems
- snoring and obstructive sleep apnoea (when breathing stops during sleep)

**Head and neck conditions include:**

- cancer affecting the mouth, oral cavity, throat (pharynx), voice box (larynx), salivary glands, skull base, or the nose and sinuses
- thyroid and parathyroid problems
- facial skin lesions including skin cancer

**Facial cosmetic surgery is also part of ENT surgery and includes:**

- rhinoplasty (nose surgery)
- otoplasty (ear surgery)
- blepharoplasty (removal of excess skin and fat pads around the upper and lower eyelids)
- facial reconstruction following trauma or cancer

“**ENT is an extremely varied specialty and my role has given me the opportunity to work on the ward**. Francesca Kum, Trainee in core surgical training, Guy’s and St Thomas’s NHS Foundation Trust.

Read Francesca’s story [2]

**Common procedures**

ENT surgeons use many different surgical procedures including:

- insertion of grommets for glue ear – this involves a very small incision in the ear drum and is typically carried out on children. The grommets help to ventilate the middle ear and resolve middle ear effusions
- tonsillectomy (removal of tonsils) or adenoidectomy (removal of adenoids), most often in children
- septoplasty – correction of nasal septum to prevent obstruction and enable clear breathing
- microlaryngoscopy – a short metal tube (laryngoscope) is inserted into the larynx (voice box). This is used for examination and can also be used to perform a biopsy [3] or surgery
- oesophagoscopy – a long metal or flexible tube (oesophagoscope) is inserted through the mouth into the oesophagus
- endoscopic sinus surgery – a tiny telescope is inserted into the nasal passages to diagnose and treat difficult sinus conditions. Technically refined instruments are then used to restore proper function
- tympanomastoid surgery to reconstruct and remove epithelial inclusions (cholesteatoma) within the middle ear
- open operations to remove neck lumps, and salivary gland tumours
- tracheostomy

ENT surgery has been at the forefront of the latest medical technologies and minimally invasive procedures are common. This has many benefits including less scarring and shorter
Sub-specialties

Most ENT surgeons develop a sub-specialty and these include:

- **otology** – diagnosis and treatment of infection, disease and damage to the ear to improve hearing and balance. This includes cochlear implant surgery, which is the implantation of a small complex electronic device in to the inner ear (cochlea) which stimulates the auditory nerve. This can provide a sense of sound for deaf people.
- **rhinology** – treatment of all aspects of nose and sinus disorders including allergy, infection, inflammatory conditions and tumours. Specialists will also operate on rare tumours of the skull base including pituitary tumours.
- **laryngology** – treatment of diseases and disorders of the larynx and throat, such as vocal fold nodules, voice problems (including overuse/misuse) and cancer.
- **head and neck surgery** – the treatment of benign and malignant diseases of the head and neck, including lymph, salivary, thyroid and parathyroid glands.
- **skull base surgery/neurotology** – treatment of disorders of the skull base and acoustic neuromas (benign, non-cancerous growths on the vestibulocochlear nerve which controls hearing and balance).
- **facial plastics** – aesthetic procedures including rhinoplasty (correcting and reconstructing the form, function and aesthetic appearance of the nose) and pinnaplasty (correction of protruding ears). The work also includes reconstruction of facial defects. Plastic and oral and maxillofacial surgeons may also perform this type of surgery.
- **thyroid and parathyroid surgery** – diagnosis and surgical treatment of thyroid and parathyroid tumours.
- **paediatrics** – some ENT conditions are congenital and treatment is needed at a very young age. Treatments are wide ranging and include cochlear implants and other implantable hearing devices, head and neck surgery and treatment for rare conditions including choanal atresia (where the back of the nasal passage is blocked by bone or tissue).

Want to learn more?

Find out more about:

- the [working life](#) of someone in otorhinolaryngology
- the [entry requirements](#) and [training and development](#)
- two first-hand accounts of life:
  - as a trainee in core surgical training (CST) wishing to specialise in ENT or Urology
  - as a speciality registrar in otorhinolaryngology

Pay and conditions Expand / Collapse

This section provides useful information about the pay for junior doctors (doctors in training), SAS doctors (specialty doctors and associate specialists) and consultants.
Find out more about current pay scales for doctors [8], more information can be found on the BMA website [9].

NHS Employers [10] provides useful advice and guidance on all NHS pay, contracts terms and conditions.

Medical staff working in private sector hospitals, the armed services or abroad will be paid on different scales.

- Where role can lead Expand / Collapse
Read about consultant and non-consultant roles in ENT surgery, flexible working and about wider opportunities.

**Consultant roles**

You can apply for consultant roles six months prior to achieving your Certificate of Completion of Training [11] (CCT [12]). You will receive your CCT [12] at the end of your ENT surgery training.

Managerial opportunities for consultants include:

- Clinical Lead - lead NHS consultant for the team
- Clinical Director - lead NHS consultant for the department
- Medical Director - lead NHS consultant for the Trust

Most NHS consultants will be involved with clinical and educational supervision of junior doctors.

Here are some examples of education and training opportunities:

- Director of Medical Education - the NHS consultant appointed to the hospital board who is responsible for the postgraduate medical training in a hospital. They work with the postgraduate dean to make sure training meets GMC standards.
- Training Programme Director - the NHS consultant overseeing the education of the local cohort of trainee doctors eg foundation training [13] programme director. This role will be working within the LETB/deanery
- Associate Dean - the NHS consultant responsible for management of the entirety of a training programme. This role will be also be working within the LETB/deanery
- Educational Supervisor, supervisor for the trainees within the local ENT department

**SAS doctor roles**

SAS surgeons (staff, associate specialists and specialty doctors) work as career grade specialty doctors who are not in training or in consultant posts. You will need at least four postgraduate years training (two of those being in a relevant specialty) before you can apply for SAS roles.
The role of an SAS surgeon can vary greatly. Depending on your experience you might work on complex surgery or relatively minor diagnostic and outpatients work. SAS doctors will frequently participate in routine and elective surgery rather than emergency work. They may also train other staff.

Some surgeons are attracted to the SAS role as the hours are more regular than those of the consultant, and you’re paid for on-call work and overtime beyond 7am-7pm.

Find out more about SAS doctors’ roles [15]

Visit the website for ENT UK, SAS Doctors Group [16]

Other non-training grade roles
These roles include:

- Trust grade
- Clinical fellows

Academic pathways
If you have trained on an academic ENT surgery pathway or are interested in research there are opportunities in academic medicine.

For those with a particular interest in research, you may wish to consider an academic career in ENT surgery. Whilst not essential, some doctors start their career with an Academic Foundation post. This enables them to develop skills in research and teaching alongside the basic competences in the foundation curriculum. Find out more on the Foundation Programme website [17]

Entry into an academic career would usually start with an Academic Clinical Fellowship (ACF) and may progress to a Clinical Lectureship (CL). Alternatively some trainees that begin with an ACF post then continue as an ST trainee on the clinical programme post-ST4.

Applications for entry into Academic Clinical Fellow posts are coordinated by the National Institute for Health [18]

Further information can also be found on the website for the Research Trainees Coordinating Centre (NIHRTCC) [19]

There are also numerous opportunities for trainees to undertake research outside of the ACF/CL route, as part of planned time out of their training programme. Find out more about academic medicine. [20]

The Clinical Research Network (CRN) actively encourages all doctors to take part in clinical research.

Other opportunities
ENT is a competitive specialty, with varied and interesting career opportunities.

ENT surgeons often undertake research, which includes collaborating with colleagues in the UK and overseas, writing papers and presenting work at conferences. ENT
surgeons are often involved in teaching undergraduate and postgraduate medical students and supervising junior doctors. They also undertake audit and committee work. With experience there are excellent opportunities to become involved in management and to actively participate in professional organisations.

There may also be opportunities to work in the private sector and overseas.

- **Job market and vacancies Expand / Collapse**

This section provides useful information about the availability of jobs, how to find vacancies and sources of further information.

**Job market information**

In 2016 the competition ratio for Core Surgical Training was 2.31, and for ST3 it was 1.63 (NHS Specialty Training, 2016). Applicants with prior surgical experience compete with those applying from core training.

ENT had 664 consultants and 468 medical registrars in England (NHS Digital, 2016).

Women constitute 11.76% of the consultant ENT surgery workforce and 39.8% of trainees. (Sept 2013).

On this page we have information for England only. For information regarding Scotland, Wales and Northern Ireland please click on the links below.

**NHS Scotland workforce information**

**NHS Wales workforce information**

**NHS Northern Ireland workforce information**

**Where to look for vacancies**

Applications for core surgery training are made via the Core Surgery National Recruitment Office.

London and the South East (LaSE) nationally coordinates the recruitment into Core Surgery Training round one (CT1) on behalf of England, Wales and Scotland.

Both core surgical and higher specialist ENT surgical training are open to those who may want to train flexibly on a less than full-time basis (LTFT). You can request and apply for this after you have been offered the job. Restrictions apply. [Find out more about LTFT](#)

Registration and application for core surgery and specialist training is online via Oriel.

Northern Ireland has its own recruitment process. For further details please visit the Northern Ireland Medical and Dental Training Agency website.

- **Further information Expand / Collapse**

**Organisations**
Real-life stories

So you want to be an ENT surgeon (BMJ)

Other roles that may interest you

- Audiovestibular medicine
- Endocrinology and diabetes
- Ophthalmology
- Respiratory medicine


Links
[1] https://www.healthcareers.nhs.uk/glossary#Tinnitus
[3] https://www.healthcareers.nhs.uk/glossary#Biopsy