



AOT Conference

2025

**Brighton Dome
Corn Exchange**

11th July 2025



About AOT

The Association of Otolaryngologists in Training (AOT) was founded in 1989. AOT is an organisation that represents all Otolaryngology and Head and Neck surgery trainees throughout the UK. We are independent and are run by trainees, for trainees. We represent ENT trainees' interests at a range of forums including at the SAC, ISCP and eLogbook, ENT UK, RSM, BACO, FRCS, MRCS, RCS and ASiT. We aim to always be responsive to the changing needs of ENT trainees.

We provide free educational resources for ENT trainees, including the new AOT Pod. We manage the AOT website and Google group forum which provide information and resources relevant for trainee ENT surgeons.

All ENT trainees in the UK are automatically eligible to be members and there is no membership fee. As well as a large cohort of registrars, we also encourage core trainees, foundation year doctors, and more recently, medical students interested in ENT to get involved.

Find out more and become a member (for free!) on our [website](#).



From the President



It's a pleasure to welcome you to this year's conference, on behalf of our committee. We're delighted to be gathering here in the vibrant city of Brighton, for a programme that brings together a diverse range of voices, ideas, and perspectives.

Over the past year, we've seen significant growth and innovation within our Association of Otolaryngologists in Training (AOT) community. A particular highlight has been the launch of our new podcast, The AOT Pod, providing an accessible and engaging platform to hear consultants' insights, spark discussion, and hopefully help trainees preparing for the exam. We've also made exciting progress in forging collaborations to broaden the experience of trainees; today we will announce the winners of our first AOT Global Health Grants which offer trainees unique opportunities to expand their horizons and gain invaluable experience in diverse healthcare settings. We're also very pleased to today open applications for our new AOT Travelling Fellowship, generously sponsored by ENT Masterclass, to further enrich training and support international education. Keep an eye out next year for our upcoming DOHNS course, designed to support junior trainees as the exam is phased out and to help prepare them for the transition into registrar training.

I'd like to sincerely thank Dora, Karthika and Tom for their hard work, dedication and meticulous attention to detail in organising this year's conference, which I'm sure will make it a fun and inspiring event for all. Thank you also to our sponsors, many of whom continue to support our conference each year; please do visit the sponsors' stands today. I'm delighted to catch up with friends and colleagues from across the country today, and for those attending for the first time, I hope this conference offers you the chance to build lasting networks and friendships.

Miss Eleanor Crossley
AOT President 2024-2025



Programme

09:00	AOT President's Welcome	Miss Eleanor Crossley
9:10	Tall Poppy Syndrome	Miss Ginny Bowbrick
9:30	Becoming a new consultant: how to build a reputation	Mr Prodip Das
9:50	SAC Update	Miss Lesley Cochrane
10:10	Panel Discussion: 'The future of surgical training'	Miss Ginny Bowbrick, Mr Prodip Das, Miss Lesley Cochrane, Mr David Walker
10:40	Break	
11:10	From Ethiopia to the Surrey Hills - how Global Health made me a Consultant Otolologist	Mr Misha Verkerk
11:35	Managing pressure to optimise performance	Miss Lilli Cooper
11:55	The AOT Pod	Mr Joshua Michaels + Ms Georgie Wellstead
12:05	1. Founders Room 1: Applying for core surgical training	Dr Claire Lloyd-Davies
	2. Founders Room 2: Applying for ST3	Miss Sinthu Raveendran
	3. Corn Exchange: Applying for your first consultant job	Ms Katherine Steele
12:30	Lunch	
13:20	Research Presentations	
14:00	How to survive an outpatient clinic/ The Taxonomy of Patients	Mr David Walker
14:20	Sustainability in Surgery	Miss Katherine Hurst
14:40	Gold Sponsor talk	Carebit
14:45	Break	
15:20	Social media as a surgeon	Mr Joseph Manjaly
15:40	Prize-giving	
16:00	AGM	
17:00	Post-conference drinks at RedRoaster at the Dome	

Speakers



Miss Ginny Bowbrick



Ginny Bowbrick is a Consultant Vascular Surgeon at the East Kent Hospitals University Foundation Trust. She undertook her undergraduate training at Bart's, qualifying in 1989, and trained in General and Vascular Surgery in the Southeast and London prior to being appointed as a Consultant in 2005. She has been involved in Medical Education from the start of her consultant career when she joined the SE Thames General Surgery Specialty Training Committee of which she later became the Training Programme Director. As a Liaison Member of the Vascular Surgery Specialty Advisory Committee (SAC), she was the ST3 National Selection Lead in 2021 and was instrumental in separating the Vascular from General Surgery ST3 recruitment processes prior to becoming Chair of the Vascular Surgery SAC later that year. She also became the Head of School of Surgery for Kent, Surrey and Sussex in 2021 and continues in this role to date. She was a Clinical Advisor to the Medical Workforce Alignment Programme, NHSE WTE in 2022-2024 followed by secondment as a Specialist Advisor to the Education Reform Programme, NHSE WTE in 2024-2025. She has been an MRCS examiner since 2016. Diversity and inclusivity are extremely important to her and she was the first Chair until 2025 of the RCS England Pride in Surgery Forum (PRiSM) for LGBTQ+ surgeons and allies of which she was a founding member in 2021. She is the mother of four children, two of whom are autistic with severe learning disabilities and has been involved in regional and national projects promoting recognition and help for Neurodiverse trainees and better understanding of Autism and Learning Disabilities in patients. She was elected to RCS England Council in 2023 and to their Board of Trustees in 2025. She is the Co-Chair of the Sustainability in Surgery and Deputy Co-Chair of the Workforce and Training committees at RCS England.



Mr Prodip Das



Mr Das trained at Guys & St Thomas' Hospital, London. He undertook specialist ENT training in South East Thames and notably worked at Brighton and Sussex NHS Trust, Guy's & St Thomas Hospital, London, Great Ormond Street, London and Kings College, London. He undertook a one year fellowship at The University of Toronto, Canada in Advanced Otology/Skull Base Surgery and Paediatric ENT. Mr Das completed a Masters in Surgical Education at Imperial College, London and has an interest in specialisation selection and undergraduate teaching. He is currently the training programme director for ENT in the Kent, Surrey, Sussex Deanery.

Since being appointed to Brighton and Sussex NHS Trust he has introduced Laser Assisted Otological Surgery to the Trust for operations to remove chronic ear infections and hearing reconstruction. His interests are in general ENT with a specialist interest in hearing and balance.

Outside work he enjoys the Sussex Countryside, including running, cycling and, since retiring from playing, rugby coach at Heathfield and Waldron RFC.



Miss Lesley Cochrane



Miss Lesley Cochrane has worked as an ENT Surgeon at Great Ormond Street Hospital since 2004 and has national level experience of surgical education and curriculum development. Lesley qualified and trained in Canada before moving to the UK and taking up a Paediatric Clinical and Research Fellowship at GOSH in 2004. She is lead for international education at the Great Ormond Street Hospital Learning Academy. She is the Vice Chair of the Specialist Advisory Committee for ENT at the Royal College of Surgeons and is the Lead for National Selection of Otolaryngology higher surgical training.

Mr Misha Verkerk



Mr Misha Verkerk is a Consultant Ear, Nose & Throat Surgeon based in Surrey. He treats adult and paediatric patients with general ENT conditions and has a specialist interest in disorders of the ear, hearing and balance. He is the UK Director of the charity Global ENT Outreach, through which he is actively involved in humanitarian ear surgery missions.

Misha was educated at the Royal Grammar School, Guildford; Gonville & Caius College, Cambridge, and University College London. He undertook higher surgical ENT training in London at St George's Hospital, the Evelina Children's Hospital and Guy's & St Thomas' Hospitals. In 2021 he was awarded the Gold Medal for the highest mark in the Fellowship of the Royal College of Surgeons examination (FRCS ORL-HNS).

He is Fellowship-trained in Otology, Hearing Implants and Skull Base surgery and developed an interest in endoscopic (minimally-invasive) ear surgery while working at the Royal Prince Alfred Hospital in Sydney



Miss Lilli Cooper



During her plastic surgery training, Lilli became interested in the psychology and physiology of surgical work, and its impact on performance.

Surgical training tends to prioritise technical skill acquisition and academic learning over the formal development of psychological, emotional and physiological self-awareness and discipline; despite the latter's importance in accessing factual knowledge, motor skills, interaction with others and health in the longer term.

Lilli trained as a coach to understand how to support surgeons in accessing and developing this information, to optimise both their performance and their experience. You can find out more about what she does at www.lillicooper.co.uk



LISTEN ON



THE AOT POD

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Produced by Mr Joshua Michaels and Miss Georgie Wellstead

Dr Claire Lloyd-Davies



Dr Claire Lloyd-Davies is a Foundation Year 2 Doctor at Maidstone and Tunbridge Wells and will be commencing an ENT-themed CST London post. She is keen to promote trainee interest in ENT, having recently sat on the British Rhinology Society Juniors committee and completed multiple ENT projects and audits. Dr Lloyd-Davies is involved in education, delivering local and national teaching programmes, including a national surgical anatomy course whilst on the RSM Student Section.

Miss Sinthu Raveendran



Miss Sinthu Raveendran is ENT ST4 trainee in Kent, Surrey and Sussex. She is currently doing a masters in surgery (ENT). She is on the National ENT Simulation for training (NEST) Committee, working on incorporating simulation and increasing accessibility to simulation in higher surgical training. Her interests include medical education and global health, having previously led two student brigades to Central America



Miss Katherine Steele



Miss Katherine Steele is a recently appointed Head and Neck Consultant and University Hospitals Sussex NHS Trust and Queen Victoria Hospital NHS Trust. She undertook her higher surgical training in the Kent, Surrey, Sussex Deanery and went on to complete a fellowship in Head and Neck Surgery at the Northern Head and Neck Cancer Unit in Newcastle-upon-Tyne. She has a keen interest in surgical education and training, having previously worked as an undergraduate teaching fellow and held the role of regional trainee representative in KSS. She is currently the simulation lead for ENT at University Hospitals Sussex NHS Trust.

Mr David Walker



David Walker is an ENT Surgeon based in Guildford. He has particular expertise in Voice disorders and Trans Oral Robotic Surgery, sharing a Robotic Fellow with Guy's Hospital. He runs regular multidisciplinary voice clinics in the NHS across Surrey and Hampshire, and is also a core member of the Thyroid and Head and Neck Multidisciplinary Teams for The SASH Cancer Network. He trained throughout the South East, Yorkshire and London and completed his TIG fellowship in Head and Neck Surgery at Queen Victoria Hospital, East Grinstead. In his spare time, David is a devoted father to a young family. He also enjoys running, golf and is an accomplished singer.

Miss Katherine Hurst



Katherine Hurst is an ST6 registrar in General Surgery, training in the Thames Valley Deanery. She is the immediate past Chair of RCSEd Trainees Committee and sat on RCSEd Council 2022-2024. She currently chairs the RCSEd Sustainability Champions. Katie is a mum of 2 and has taken time out of training for both children and research.

Mr Joseph Manjaly



Joe Manjaly is a Consultant Otolologist, Auditory Implant and ENT Surgeon. He is Clinical Lead for Adult ENT at the Royal National ENT Hospital & University College London Hospitals. He graduated from Bristol University in 2008 and underwent ENT Higher surgical training on the London North Thames rotation followed by an advanced fellowship in Otology & Auditory Implants at University Hospitals Cambridge. He specialises in stapedectomy under sedation as well as cochlear, middle ear & bone conduction implantation for adults & children. He is the author of a number of popular trainee textbooks, including 'ENT OSCES' & 'Advanced ENT Training' published by CRC press. He is a council member for the British Society of Otology. He creates a variety of educational social media content on various channels as @earsurgeonjoe



Oral Presentations



KOOS Grade III Vestibular Schwannoma – A Summary of British Practice in a ‘grey area’ of VS management.

Preena Patel, Fiona McClenaghan, Rupert Obholzer, Charlotte Hammerbeck-Ward

Aim: To summarise practice in the UK of sporadic KOOS Grade III VS patients to address an evidence gap.

Method:

Prospective cohort data from 1170 patients across 26 centres treated for grade III VS as entered onto the National VS Registry was analysed using R. Significance testing to $p < 0.05$ has been undertaken to assess the following:

1. Baseline demographics between upfront radiotherapy vs surgery.
2. Pre vs post treatment trigeminal, bulbar and facial function outcomes was analysed for significance and risk analysis.
3. Subgroup analysis of surgical approaches and types of radiosurgery was completed.

Results:

1. Excluding sex, all baseline characteristics (age, symptom severity, tumour size) were significantly different between upfront radiotherapy (69%) vs surgery (31%) groups. The age distribution of radiotherapy cohort is significantly bimodal with peaks of 64 and 75yrs.
2. Post treatment facial nerve function is significantly worse in both groups. Trigeminal symptoms are significantly worse after surgery and only at 5 year post radiotherapy. Bulbar function is not significantly affected after treatment in either group.
3. Subgroup analysis of surgical approach demonstrated significantly larger tumours, more severe baseline symptoms and higher rates of salvage treatment and nerve loss in those undergoing retrosigmoid resection.
4. Subgroup analysis of radiotherapy methods (SRS or 5 fractions) demonstrated comparable baseline characteristics, salvage rates, and progression risks.

Conclusion:

Current UK practice preferences surgical treatment for KOOS III tumours with good outcomes, however this study demonstrates that radiotherapy can also be used as a safe and efficacious treatment.



Ten tonsils before lunch – High Intensity Tonsil Surgery (HITS) and its implications

Thomas Hatfield, Sophie Wilkinson

Background

We have previously demonstrated the safe application of the BiZact™ instrument in tonsillectomies. This report outlines our methodology for utilising BiZact™ to establish HITS lists, enabling us to perform over ten tonsillectomies in each half-day session.

Method

The BiZact™ instrument utilises a bipolar vessel-sealing and cutting action that facilitates efficient tonsil dissection while minimising haemorrhage. We have established a production-line style workflow employing two anaesthetic consultants and rotating scrub team to ensure continuous patient flow into the operating theatre, aligning with recovery staff. The administration of short-acting opioids and clonidine, combined with omission of muscle relaxant and use of laryngeal mask airways supports rapid emergence from general anaesthesia. Upon safe recovery of the previous patient, the subsequent patient is swiftly escorted into the operating room, having been anaesthetised during emergence of the case before. This methodology significantly decreases time inefficiencies, thereby enabling the surgical team to focus on operational efficacy without interruptions between patients.

Results

With average time on the tonsil of 2m48s, we have performed more than ten adult tonsillectomies in a half-day operating list with a 0% primary haemorrhage rate. These have been performed at weekends to reduce the burden on the general ENT backlog of elective surgeries.

Conclusions

HITS lists facilitate significant reduction in waiting times for tonsillectomies. The capability to conduct multiple tonsillectomy surgeries in a single session enhances theatre utilisation efficiency. This optimisation minimises the requirement for numerous sessions or multiple surgical teams, offering additional economic advantage by lowering theatre operating costs and staffing.



Clinic Based Disposable Flexible Nasendoscopy Guided Local Anaesthetic Biopsy – A retrospective study in a Tertiary Head and Neck Centre.

Matthew Ryan, Timothy Davies, Andrew Kinshuck

Introduction

Patients presenting with a new suspected diagnosis of a Head and Neck cancer require tissue biopsy for diagnosis to aid staging and treatment planning by the multidisciplinary team. Traditionally, biopsies of the suspected cancerous lesion are taken in theatre under general anaesthetic (GA) through panendoscopy. An alternative to biopsy under GA is biopsy under local anaesthetic (LA), utilising a disposable flexible nasendoscope. The flexible nasendoscopy (FNE) guided LA biopsy clinic was established within a tertiary Head and Neck Centre. Integration of the new service was audited to assess indications and sensitivity of LA biopsy.

Methods

All patients who underwent LA biopsy of the upper aerodigestive tract using FNE at the Liverpool Head and Neck Centre, Aintree University Hospital between November 2020 and May 2024 were included.

Results:

74 patients were identified with a mean age at time of biopsy of 65.9yrs. Indications for LA biopsy included: co-morbidities making patient a high risk for GA 48.7% or difficult intubation (such as trismus) secondary to disease 14.9%. Several different anatomical sites were possible with vocal cord (n=20) and base of tongue (n=12) being the most frequent. Average pain and satisfaction scores were recorded post procedure as 2.44 (0-10) and 9.42 (0-10) respectively. No patients experienced any acute complications.

Conclusions

LA biopsy provides a safe and highly sensitive alternative to biopsy under GA for further investigation of both malignant and benign conditions of the upper aerodigestive tract. Additionally, biopsy under LA provides an appropriate alternative for patients with extensive co-morbidities not suitable for a GA.



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Thanks for coming!

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