

## Japanese Board Certification System for head and neck surgeons<sup>☆</sup>



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### ABSTRACT

The Japan Society for Head and Neck Surgery (JSHNS) started a board certification system for head and neck surgeons in 2010. To become certified, the following qualification and experiences are required: (1) board certification as otorhinolaryngologist, (2) 2 years of clinical experience in a board-certified training facility, (3) clinical care of 100 patients with head and neck cancer under the supervision of board-certified faculty and (4) surgical experience in 50 major head and neck surgical procedures, including 20 neck dissections, under the supervision of board-certified faculty. The following scientific activities are also required during the preceding 5 years: (1) two clinical papers on head and neck cancers presented at major scientific meetings, (2) one clinical paper on head and neck cancer published in a major journal, (3) attendance at two annual meetings of JSHNS and (4) enrolment in three educational programs approved by JSHNS. The qualifying examination consists of multiple choice tests and oral examinations. A total of 151 head and neck surgeons were certified in 2010 followed by 43 in 2011 and 34 in 2012, while the membership of JSHNS dramatically increased from 1201 in 2007 to 1748 in 2013. Although the board certification system for head and neck surgeons was started only recently, it has encouraged many residents and fellows as well as established head and neck surgeons. We believe that this system will contribute to further advancement in the clinical practice for head and neck cancers in Japan.

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### 1. Introduction

The average life span was 86.4 years for women and 79.9 years for men in Japan in 2012 (the longest and the fifth longest in the world, respectively) [1]. Mostly due to this increase in life expectancy, cancer is now the leading cause of death in Japan, with around 700,000 people diagnosed with cancer [2] and 350,000 people dying of cancer annually [3]. Currently, one in two

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Japanese gets cancer during his or her lifetime, and one in three dies of cancer. In accordance with the “Cancer Control Act” [4], the Basic Plan to Promote Cancer Control Programs was formulated by the Cancer Control Promotion Council and approved by the Japanese cabinet in June 2007 [5]. Certification by the Japanese Board of Cancer Therapy (JBCT), which was established in 2006, is recommended for all doctors engaging in cancer treatment. Broad knowledge and basic skills related to clinical oncology are required for certification, and multiple choice questions (MCQs) are used for qualifying examinations for both certification and re-certification [6].

The number of patients with head and neck cancer in Japan in 2007 was estimated at about 18,000 (14 per 100,000), excluding nasal cavity and paranasal sinus cancers, thyroid cancer, and malignant lymphoma [2], and has been increasing annually [7]. Consequently, the demand for treatment of head and neck cancers has been expanding in this society with its unprecedented aging. However, a surveillance conducted by the Japan Society for Head and Neck Cancer (JSHNC) in 2006 reported a decrease in new head and neck surgeons due to long working hours and insufficient income [8]. The report concluded that there is an urgent need for the establishment of a highly attractive and challenging training system in order to ensure a sufficient supply of human resources to this field and to enhance the status of head and neck surgeons. In line with this recommendation, the Japan Society for Head and Neck Surgery (JSHNS) prepared a board certification system for head and neck surgeons in collaboration with the Oto-Rhino-Laryngological Society of Japan and introduced the new system in 2010 [9].

## 2. Definition of “Board-Certified Head and Neck Surgeon”

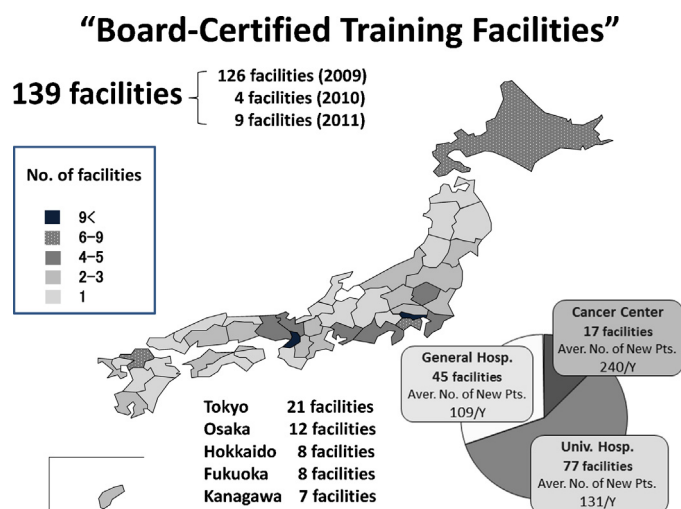
A “Board-Certified Head and Neck Surgeon” is defined by JSHNS as “a surgeon with advanced skills and expertise of otolaryngology – head and neck surgery as well as basic knowledge, skills and medical ethics of cancer treatment who has an ability to provide multimodal therapy to the patients with head and neck cancer.”

The qualification criteria for a “Board-Certified Provisional Educator” are as follows: (1) 10 years of clinical experience in the treatment of patients with head and neck cancer; (2) 100 major head and neck surgical operations including 100 neck dissections performed during the preceding 5 years; and (3) publication of five clinical papers on head and neck cancer. The term of validity is 10 years. As of 2013, there were 301 board-certified provisional educators.

The requirements for a “Board-Certified Training Facility” are as follows: (1) employment of at least one full-time “Board-Certified Provisional Educator” or “Board-Certified Head and Neck Surgeon”; (2) availability of radiotherapy facilities; and (3) treatment of 100 new cases with head and neck cancer per year. As of 2013, 139 facilities, including 17 cancer centers (with an average of 240 new cases/year), 77 university hospitals (131 new cases/year), and 45 general hospitals (109 new cases/year), have been certified as “Training Facility” by the Board (Fig. 1).

## 3. Curriculum for “Board-Certified Head and Neck Surgeon”

The curriculum for “Board-Certified Head and Neck Surgeon” covers diagnosis and staging, cytology and pathology, general management, assessment and planning, surgery, radiation, chemotherapy and supportive care and psycho-oncology, and other topics comprising professionalism, informed consent, rehabilitation, team approach, and clinical research. In terms of operative experience, fellows are expected to gain competence in Category A procedures such as partial glossectomy and thyroid lobectomy in the first year, and Category B procedures, such as total



**Fig. 1.** As of 2013, 139 facilities, including 17 cancer centers (with an average of 240 new cases/year), 77 university hospitals (131 new cases/year), and 45 general hospitals (109 new cases/year) have been certified as “Training Facility” by the Board.

**Table 1**

Surgery.

- Category A (1st year)  
Partial glossectomy, resection of SMG, superficial parotidectomy, thyroid lobectomy
- Category B (2nd year)  
Total laryngectomy, total pharyngolaryngectomy, total parotidectomy, parital maxillectomy, neck dissection, resection of parapharyngeal tumor, harvesting a pedicle flap
- Category C (3rd year)  
Resection of advanced oral cancer, resection of advanced oropharyngeal cancer, partial laryngectomy, total maxillectomy, segmental mandibulectomy, reconstruction using a pedicle flap

laryngectomy and neck dissection, in the second year. In the third year, they should become skilled in Category C procedures, that is, resection of advanced oral cancer, resection of advanced oropharyngeal cancer, partial laryngectomy, total maxillectomy, segmental mandibulectomy, and reconstruction using a pedicle flap (Table 1).

## 4. Requirements for becoming “Board-Certified Head and Neck Surgeon”

To become board certified as a head and neck surgeon, the following qualifications and experience are required: (1) 3 years of clinical experience following board certification by the Oto-Rhino-Laryngological Society of Japan; (2) 2 years of clinical experience in a board-certified training facility; (3) clinical care of 100 patients with head and neck cancer under the supervision of board-certified faculty; (4) surgical experience in 50 major head and neck surgical procedures including 20 neck dissections under the supervision of board-certified faculty. The following scientific activities are also required during the preceding 5 years: (1) two clinical papers on head and neck cancers presented at major scientific meetings; (2) one clinical paper on head and neck cancer published in a major journal; (3) attendance at two annual meetings of JSHNS; and (4) enrolment in three educational programs approved by JSHNS (Table 2).

The certification expires after 5 years. The following academic activities are required during the 5 years preceding re-certification: (1) attendance at five major Japanese scientific meetings on head and neck cancers; (2) attendance at two annual meetings of

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