

Supervised Clinical Attachment plan: Presenting head and neck cancer

How many sessions are required to complete the attachment?	GPs will be required to attend two half day sessions. It is recommended to attend the sessions in the order listed: (1). Rapid Access Neck Lump clinic, (2). Head and Neck multidisciplinary team (MDT) meeting & Head and Neck clinic. This order is preferred as GPs will move sequentially across the patient cancer continuum from presentation, initial investigation, diagnosis, discussion, and treatment decision making. Furthermore, it is recommended GPs attend the Rapid Access Neck Lump clinic & the following week attend the Head & Neck MDT meeting and clinic as the same patient seen initially may be followed through in their entirety and discussed at the sequential MDT meeting and clinic.
What are the minimum completion requirements?	GPs will be required to attend the two half-day sessions listed: (1). Rapid Access Neck Lump clinic; (2). Head and Neck MDT meeting & Head and Neck MDT clinic.

Title of session	Sessions available	Describe session	Number of hours	Name of Supervisor	Clinic location	Learning outcomes to be covered
Rapid Access Neck Lump Clinic	Wednesdays 8.30am - 1.00pm	Observing patients referred to the Rapid Access Neck Lump Clinic for the assessment of "Red flag symptoms". This will include the full patient journey including, past medical history, ENT examination, and appropriate diagnostic tests; ultrasound, fine needle aspiration with cytology, and same-day computer tomography. This will allow GPs to learn, network & question multiple sub-specialists who work within this setting: ENT surgeon, Radiologist, Radiographer, Sonographer, Nuclear Medicine Technologist, and cytopathologist.	4 hours 30 minutes	Dr Stephanie Flukes, Dr Rob Wormald, Dr David Hall	Rapid Access Neck Lump Clinic, Outpatient Clinic 5 - Fiona Stanley Hospital	 Identify the clinical features of a patient requiring urgent investigation for a suspected HNC Recall the urgent referral pathway for adults presenting with a neck lump Summarise the common diagnostic imaging modalities and their applications

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Head and Neck MDT Meeting	Mondays 8.00am – 9.30am	Head and Neck MDT meeting will be an opportunity for GPs to observe the multiple clinical disciplines make "live" decisions regarding the recommended treatment for individual patients (case studies), in order to maximise prognostic outcomes and reduce fragmented care. GPs will be most welcome to contribute to the discussion and ask questions of the MDT.	1 hours 30 minutes	Dr Daren Gibson	Anaesthetic Department Level 2 - Fiona Stanley Hospital	 Assess the role of the MDT in providing high-quality treatment and care for cancer patients. Recommend strategies to improve the MDT process from a general practice perspective.
Head and Neck MDT Clinic	Mondays 9.30am – 12.30pm	Head and neck MDT clinic is an opportunity for GPs to "close the loop" on the patients encountered throughout the clinical attachment. GPs will observe how the recommendations of the MDT are discussed with patients and families, and the shared decision-making process used to formulate a treatment plan. The focus is on providing information to the patients and families, so they can make an informed decision regarding their options. Treatment details including surgical procedures, risks, and benefits; as well as nonsurgical treatments are discussed at this consultation.	3 hours	Dr Stephanie Flukes	Outpatient Clinic 5 - Fiona Stanley Hospital	Describe the pre-treatment support services available to patients managed through the MDT clinic