**We in the Northern Ireland rotation would like to nominate Mr. G. Smith for Trainer of the Year 2016.**

**Trainee Development.**  
A number of factors set a trainee in OMFS apart – a central factor being that many trainees are older in age and possibly have family commitments which place demands on their time and can create a tension in optimizing the training pathway. The reason that our nominee stands apart from many others is his/her capacity to see his/her trainee as a “whole” and understands the demands which exist outside the hospital walls. However it was also understood that with this social responsibility also came a duty to learn and improve as a clinician. To this end our trainer was both encouraging and tough in equal measures. His/her respect for each trainee as an individual inspired us to push to the next level. On the occasion where a trainee had difficulty in passing an exam, an encouraging “few words” would provide the impetus and self belief to keep going. This trainer fostered a sense of loyalty and pride evidenced by the fact that when an exam was passed you ran to him/her rejoicing but when not so positive news you wondered if his/her unwavering belief had been mis-placed. To date it never has been and he/she has seen multiple trainees realise their dreams of completing specialist training. As trainees we also felt that he/she was feeling that they had let us down. We really did feel that he/she lived by our successes and failings. Newly appointed consultants have often found themselves wondering what our nominee might do with a difficult case now presented to them. We often contact him/her looking for advice and as always a sound opinion with a confident “you’re able to do this” is given. Again this support and belief long after completion of training as we have launched into our own career paths is a testimony to a person of genuine character, warmth and interest who never sees an end point to a training journey.

**Professionalism**  
The clinical work of our nominee encompasses all aspects of the specialty from Head and Neck Oncology to Dentoalveolar surgery, from adult patients to children. He / She works harmoniously alongside medical, nursing, dental and paramedical colleagues to provide evidence based treatment to a wide cohort of patients. He/ She is also a member of the Regional Cancer Network, Hospital Risk Management Board, Local Head and Neck and Skin MDTs, Deanery Training Board and has been on the SAC as a TPD member. From his / her generalized practice the trainees have been exposed and encouraged to learn from this experience. He / She has also championed the trainees causes for improved training and exposure in other training units and has forged links with other deaneries in facilitating a trainees progress.

**Leadership**  
As a leader our nominee has continued and developed a fledging Head and Neck Unit into a service that has recently obtained governmental commissioning and in so doing has possibly secured the future of the unit. Through his / her commitment to the dermatologists of the region the skin cancer service has grown exponentially to over 1200 cases annually. As a TPD and AES in a small specialty within the deanery he / she has highlighted the problems for trainees and has worked tirelessly to improve them even against the forces of the larger surgical specialties.

**Communication**  
Our nominee always tells it as it is. He / She will always be honest in any opinion they may have and as a trainee you will always know where you stand. To his / her colleagues and co-workers he / she is supportive and is always there to help with advice. To his / her patients he / she demonstrates an understanding of their fears and concerns and will always communicate in a compassionate manner to them and their loved ones. His / Her presence in any situation brings a sense of stability.

**Resourcefulness**Our nominee has pushed for the commissioning of the Unit as an Head and Neck centre and has done this by auditing the units work from the beginning. He / She knew that Head and Neck commissioning was essential to keep the unit viable both for service and training. When circumstances arose in which only one Orthognathic surgeon was in the unit our nominee helped with the waiting list until a new surgeon was appointed thus not allowing the unit to weaken. When issues arose regarding trainee exposure and training in some aspects of the specialty he / she organized with other units outside the deanery to fill this deficiency.

**Summary**  
Without hesitation we can nominate this person in the hope that we will some day replicate some of the inspiring confidence which he/she has instilled in us all. We are fortunate to be able to call our trainer a Friend.