

n pl
1. a path or progress
through life or history
2. a profession or
occupation chosen as
one's life's work

Careers in surgery

n
1. the branch of
medicine concerned
with treating disease,
injuries, etc, by means
of manual or operative
procedures
2. the performance of
such procedures by a
surgeon

I am delighted that you want to find out more about a career in surgery!

Surgery combines elements of many different medical careers with unique skills and know-how. You will certainly work with patients, providing care, advice and support when they are at their most vulnerable. You will be expected to work both individually and within a team (and, in time perhaps, lead a team) to provide the best possible care under challenging circumstances. Crucially, you will have a problem literally in your hands and have the skills to solve it. Surgery is known as a 'craft' specialty for good reason: it is a marriage of art and science, where your technical and practical capabilities must be equalled by your knowledge and intellectual rigor.

You will see that we don't spend all our time operating. The job involves a lot of planning, audit, research and teaching, and your clinical work will take you beyond the walls of the operating theatre. There is plenty of scope to develop extra roles and expertise as your career progresses.

Surgery is popular, so if you want to do it, please believe in yourself and use all the information and support available to help you achieve your best. There isn't one specific kind of person best suited to surgery and the surgeons of tomorrow will probably be very different from the surgeons of today.

Good luck!

Scarlett McNally

Contents

Do I want to be a surgeon? 3

What kind of surgeon? 7

How do I become a surgeon? 15

Entering surgical training 25

Useful resources 39



Surgery is a diverse, challenging and rewarding career. Often referred to as a craft specialty, surgery involves both the intellectual rigor of a medical career and the manual dexterity required for complex and intricate procedures. If you enjoy work that is quite literally 'hands on', surgery could be the career for you.

Do I want to be a surgeon?

Operating is exciting, directly treating patients is rewarding and working with a team of surgeons, professional colleagues and patients is a privilege.

Chris Davis, Specialty Trainee in Plastic Surgery

Whether you are operating in theatre, seeing patients in clinic or undertaking ward rounds, no two days are the same. Throughout your career you will care for patients both as an individual and as part of a multi-disciplinary team, making a real difference to your patients' lives.

As well as being passionate about making a difference, you will need drive and initiative, be self-motivated, and able to stay calm under pressure. You'll be the sort of person who enjoys learning and working in a fast-paced environment. You'll have strong communication skills, be good at making decisions and work well within a team. As with any popular career, surgery is highly competitive and you will need commitment, enthusiasm and a clear plan of what you want to achieve in order to succeed.

Surgery will change and adapt as healthcare evolves and medical developments occur. You will need to have commitment and enthusiasm for lifelong learning and developing new skills and techniques. Later in your career you will most likely help

train the surgeons of the future so good leadership and teaching skills and an enjoyment of mentoring and sharing knowledge will be important.

There are ten surgical specialties all with opportunities for careers in research and academic surgery as well as clinical work. Whatever your interests, whether they are research and education, medical politics or a military career, you will be able to find an area of surgery that suits you. As well as offering a broad career in the UK, surgery is an international profession with opportunities to experience working in both the developed and the developing world. This could be as an elective during medical school, as a year out during training or as a permanent career move.

In this booklet we will give you some essential information on pursuing a surgical career as well as provide some insight from those in the profession already. If you are considering a life in surgery, this guide and the RCS will help you understand your options and make the right choices.

The first evidence of surgery is trepanned skulls from the stone age.



There are ten surgical specialties in the UK, each of which will provide you with different challenges and rewards throughout your career. Teaching, research and management feature in every specialty.

What kind of surgeon?

As you progress in your career you will have the opportunity to specialise in one of the ten surgical specialties:

- cardiothoracic surgery
- general surgery
- neurosurgery
- oral and maxillofacial surgery (OMFS)
- otolaryngology (ENT)
- paediatric surgery
- plastic surgery
- trauma and orthopaedic surgery
- urology
- vascular surgery.

According to an RCS poll in 2010, approximately 43% of medical students decided they wanted to become surgeons while they were still in school.

Each specialty has sub-specialty areas, allowing you to focus your knowledge and skills on particular conditions, anatomy and procedures. You will often work with surgeons from different specialties to meet the needs of your patients and provide them with the best possible care.

Cardiothoracic surgery

This deals with illnesses of the heart, lungs, oesophagus and chest. Sub-specialties include cardiac surgery (heart and great vessels), thoracic surgery (organs within the thorax, excluding the heart), transplantation and heart failure surgery, oesophageal surgery, and surgery to correct congenital conditions in adults and children.

Within cardiac surgery, the most common operations are coronary artery bypass grafting and valve operations. In thoracic surgery, the most common operations are lobectomy or pneumonectomy for cancer of the lung.

Elective surgery or an **elective procedure** is surgery that is scheduled in advance because it does not involve a medical emergency. Common procedures include cosmetic surgery, hernia repair, cataract operations and cancer surgery including tumour removal.

Emergency surgery is a surgical procedure that cannot be delayed, for which there is no alternative therapy or surgeon, and for which a delay could result in death or permanent impairment of health. Examples include an open fracture of the skull, some gunshot and stab wounds, extensive burns, urinary obstruction, intestinal obstruction, ruptured appendix, twisted ovarian cyst and fixing broken bones.

General surgery

This is a large specialty containing many sub-specialties including breast, colorectal, endocrine, upper and lower gastrointestinal (GI), and transplant (of kidney, liver and pancreas) surgery. Laparoscopic (keyhole) surgery may also be practised as a sub-specialty and is used in many procedures across all areas of general surgery.

Most emergency general surgery patients suffer from acute conditions of the abdomen; these and other conditions, including traumatic injuries, can require a holistic approach and a wide range of skills and experience that may involve working with colleagues from different specialty areas.

The first known use of a robot in surgery was in 1985, when the PUMA 560 placed a needle for a brain biopsy using CT guidance.

Neurosurgery

Neurosurgery involves the brain, central nervous system and spine. It covers all aspects of brain surgery, from pre-operative imaging through to removal of tumours. You may focus on paediatric (child) neurosurgery, neuro-oncology (treating cancer of the brain), functional neurosurgery (surgical management of a wide range of neurological problems such as intractable pain, epilepsy and movement disorders), head or spine injuries, neurovascular surgery, skull-base surgery, or spinal surgery.

Spinal surgery is the largest sub-speciality, accounting for more than 50% of the operative workload of some departments. Paediatric neurosurgery accounts for 10–15% of all neurosurgical activity.

Oral and maxillofacial surgery (OMFS)

This specialty involves operating on the facial bones, face and neck. Procedures range from minor surgery to complex major head and neck surgery. Specialist areas include head and neck oncology, adult facial deformity, cleft surgery, and facial trauma management.

OMFS requires dual qualifications in medicine and dentistry, which will lengthen training by an average of five years.

Otolaryngology (ENT: ear, nose and throat)

ENT includes all aspects of the head and neck region, skull base and facial plastic surgery. Specialist areas include paediatric ENT, head and neck, voice and complex airway, otology (ear), and rhinology (nose). ENT manages surgical and medical disorders and involves many paediatric cases.

Paediatric surgery

This is the surgical treatment of diseases, trauma and malformations in children (fetal period up to teenage years). Specialist areas include neonatal surgery (28 days after the birth), urological surgery, hepatobiliary surgery, gastrointestinal surgery and oncological surgery.

Paediatric surgeons perform 11% of all operations on children. The remaining operations are performed mainly by surgeons from other specialties who have an interest in paediatric conditions.

Plastic surgery

Plastic surgery principally involves restoration of normal form and function. Elective work includes reconstructing defects caused by cancer. Many plastic surgical units offer a multi-disciplinary burns service. Lower limb injuries are also a major part of a plastic surgeon's trauma workload, where patients are jointly managed with orthopaedic colleagues.

Hand surgery constitutes a large part of elective work, treating congenital hand defects and acquired conditions. Emergency work principally involves traumatic injuries to the soft tissues of the hand. Other sub-specialist areas include paediatric plastic surgery and cleft palate surgery.





I love the variety,
both in types of
patients and in the
types of surgery.

Louise Dickinson, Urology Specialty Trainee

Trauma and orthopaedic surgery (T&O)

Trauma and orthopaedic surgeons work on bones, joints and their associated soft tissues including tendons, nerves and muscles. Trauma work involves fractures and other injuries. Specialist areas include lower-limb joint reconstruction (hip or knee, foot and ankle), upper limb (shoulder, elbow or hands), spine, bone tumours, paediatric orthopaedics, rheumatoid surgery, and sports and exercise surgery.


Urology

Urological surgeons deal with the urogenital system: kidney, bladder and urinary problems, as well as men's sexual and reproductive health. This includes diseases of the kidney, urinary tract stones, cancer (prostate, bladder, testicle and kidney), enlarged prostates, incontinence and erectile dysfunction. Some time is spent managing chronic conditions; for example investigating and treating patients with prostate symptoms or bladder cancer takes up a large amount of a urological surgeon's time. Specialist areas include complex pelvic surgery, urogynaecology, andrology, and paediatric urology.

Vascular surgery

Vascular surgeons deal with the veins and arteries. The vascular surgeon is trained in the diagnosis and management of diseases affecting all parts of the vascular system except that of the heart and brain.

Common surgical procedures include carotid endarterectomy, angioplasty and lower limb bypass surgery.





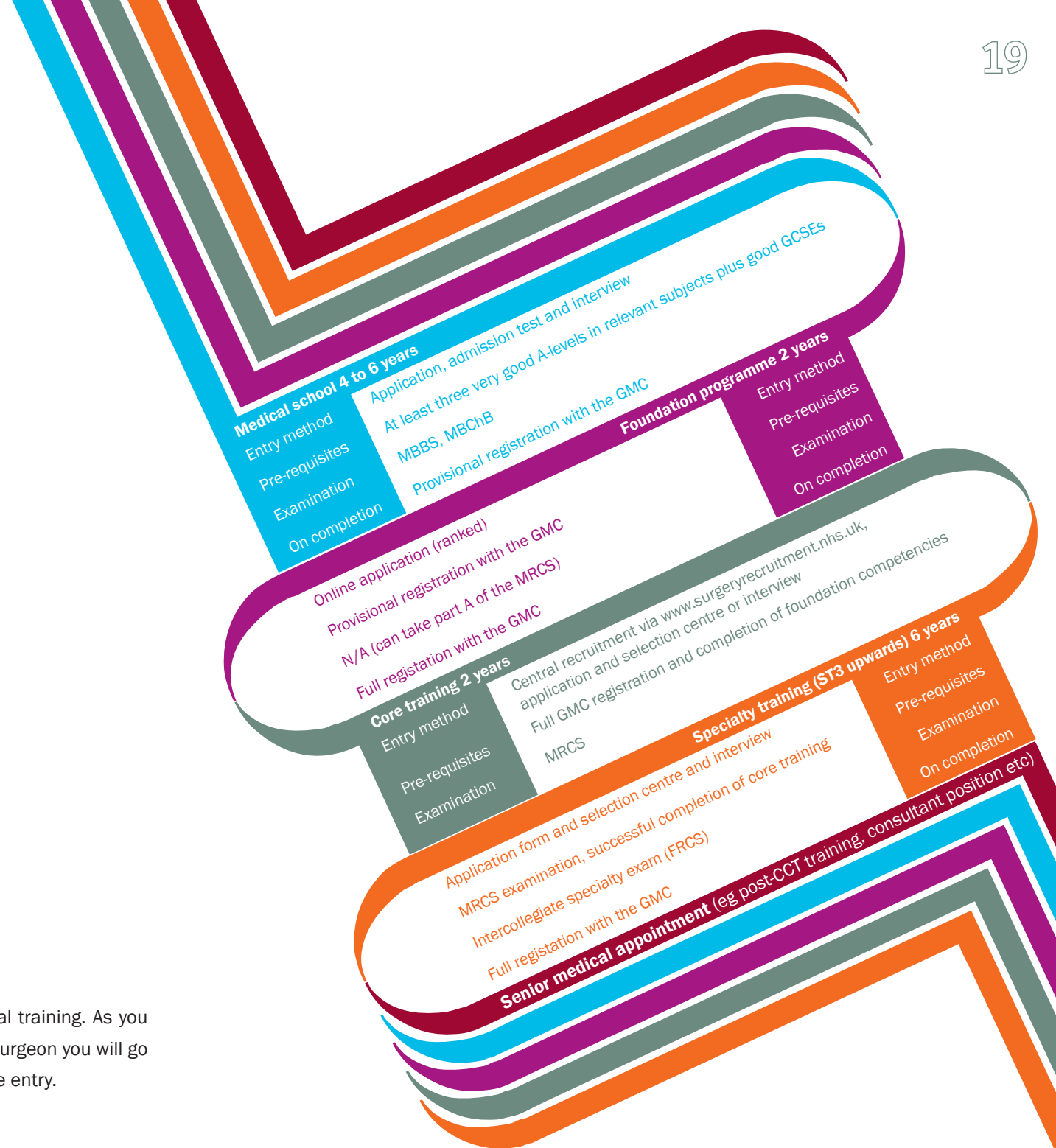
Once you have decided that you want to pursue a surgical career it's time to start planning how you are going to achieve it.

Surgery is competitive and it is good to get an understanding about all the ways that you can practise surgery and what career options are available to you.

How do I become a surgeon?

The training pathway

The training pathway is the most direct route through surgical training. As you progress from medical school student through to consultant surgeon you will go through a number of stages that all have a level of competitive entry.



Medical degree

In order to undertake medical training in the UK you must successfully complete a recognised medical degree. This will take between four and six years. A full list of international medical degrees recognised in the UK is available from Avicenna.

Foundation training

This is a two-year programme delivered by the UK Foundation Programme Office (UKFPO). Upon completion of foundation year 1 (F1) you will acquire full registration with the General Medical Council (GMC) and, on completion of the programme, you will be issued with a Foundation Achievement of Competence Document (FACD 5.2 certificate). You will need the FACD 5.2 certificate to take up any medical specialty training post you have been offered. International medical graduates who have completed an internship in their home country may be able to enter foundation year 2 (F2).

Core surgical training

A two-year programme covering a number of surgical specialties. During the first year (CT1) you will normally experience four rotations of three months each. The second year (CT2) consists of two rotations of six months each. This can vary across different regions.

Specialty training

A six-year, specialty-specific programme, completion of which leads to a Certificate of Completion of Training (CCT) and entry to the GMC specialist register. Trainees in most specialties enter at level ST3 because their core surgical training years are taken into account.

There are other options available to you should you be unsuccessful at any stage or decide that an alternative route would suit you better. It is important that you make contingency plans throughout your career so that you are prepared for the unexpected.

Neurosurgery has a different entry point into speciality training. Trainees enter at specialty training year 1 (ST1) rather than CT1. There is no additional competitive entry at ST3.

Obstetrics and gynaecology and ophthalmology are not surgical specialties although they contain elements of surgical practice. Information on these careers can be found on the respective royal college websites.

Alternative career paths and working options

If you are unable to access surgical training at the main entry points (core training and specialty training) there are other ways you can work towards becoming a consultant surgeon or pursue a fulfilling career in surgery.

Career grade surgeon

Some people choose to work as surgeons in positions outside of the training or consultant grades. There are a number of reasons why an individual may move into one of these roles as they can offer greater career flexibility.

As a general rule a career grade surgeon is an individual who is neither a consultant nor in an approved surgical training position. Career grade surgeons work in key service roles within the NHS and provide a wide range of surgical care in wards, outpatient clinics and operating theatres.

Career grade surgeons are often referred to as SAS surgeons or trust grade surgeons. Historically, SAS stood for 'staff grade and associate specialist' but this has changed to incorporate a new position of specialty doctor. The more senior role of associate specialist is no longer open to recruitment.

The minimum entry requirements for a specialty doctor post are:

- full registration with the GMC
- a minimum of four years' postgraduate training including two years in the relevant specialty.

As a specialty doctor you will undertake regular appraisals and take part in job planning to ensure you are given the opportunity to develop your skills and knowledge to assist your progression through the grade.

It may be appropriate, if progression is significant, for specialty doctors to have their experience assessed and acquire entry to the specialist register via a process called 'article 14'. A successful article 14 application results in a CESR (Certificate of Eligibility for Specialist Registration) which would allow them to apply for consultant posts. This is not recommended as an alternative to completing the training pathway as it is not a guaranteed access route to consultancy and would take significantly longer than conventional training.

Working abroad

There are a number of points in your career when you may wish to consider gaining some experience of working abroad. This is viewed positively by most prospective employers and many people use the time between foundation and core training, and also core and specialty training, to undertake a 'gap year' abroad. This can be a great way of boosting your portfolio as well as being an enriching life experience.

Depending on your specialty and where you want to go, it may be possible to take time out of your specialty training and



Jake Timothy

**Consultant Neurosurgeon,
Leeds General Infirmary**

One of the most rewarding experiences I had was developing a spinal surgical service in conjunction with the local surgeons in Bangladesh over the last 10 years with little technology. We also ran a basic surgical skills course in Guyana and helped with more complex neurosurgical procedures.

Surgery is and will remain a global skill, the surgeon must adapt to his or her surroundings.

I was fortunate that I came from a medical family. In 1973 my mother suffered a major brain hemorrhage and nearly died, that's probably why I went into neurosurgery. Initially I didn't get the grades at A-level and I think I ended up retaking nearly every exam at medical school, but I continued to pursue my goal and finally was appointed a consultant 10 years ago, at the same hospital my mother and father worked at many years before. The whole journey has been a lesson to never give up on your aspirations.

have your UK training post held open for your return. However, as there is no guarantee of this, it is important that you consider the impact of the interruption to your specialty training that working abroad will entail and research your options thoroughly. Advice and information regarding working abroad as part of an approved training programme is available from the Joint Committee on Surgical Training (JCST).

There is a cap on how much time you can spend working in a surgical post after completing your foundation training to remain eligible for entry to core training. Person specifications are available online.

Be careful to read person specifications carefully so that you don't exceed the maximum time permitted in surgical posts before core surgical training.

Time spent training overseas during your specialty training may be 'out of programme'. If you want this time to count towards your specialty training you would need to get the placement approved in advance by the GMC. (Correct at August 2012.)

Academic surgery

All surgeons benefit from undertaking some research during their career and should be familiar with research methodologies. If you are particularly interested in this field, you can choose to pursue a formal academic career path.

An academic surgical career combines clinical training with research or teaching in a higher education setting. To pursue this training pathway you should be committed to both the clinical and academic aspects of the profession. There are relatively few approved academic posts (academic clinical fellowships and clinical lectureships). To succeed in obtaining a post you will need to demonstrate excellence or potential for excellence in academia as well as being able to show

clinical abilities. You should not expect to pursue this career as an easier option to mainstream clinical training. There are two main entry points for academic surgery: academic clinical fellowships and clinical lectureships.

Flexible training and working

There are a number of opportunities to work flexibly during a surgical career.

Less-than-full-time training

Any trainee can request to train less than full time; however, priority is usually given to those with dependants, eg children or relatives requiring care, although many trainees also train part time to pursue sport at a national level or to undertake research.

Flexible training arrangements are made via local training and education bodies, all of which have a lead person for flexible training. In order for training to count towards the CCT, you must work a minimum of 50% of the hours of an equivalent full-time trainee. This must include some emergency work, although on-call duties do not need to be at night or the weekend. The most straightforward way of organising less-than-full-time training may be to job-share although in surgery this is not always available and other arrangements are possible.

Less-than-full-time working

Once you are qualified you will be working in sessions referred to as PAs (programmed activities). With your employer's agreement you will be able to structure your working time to meet your individual requirements. This is periodically reviewed and can allow you to work in a number of ways including school term time only, part time or full time.



Entry into all branches of surgery is very competitive and requires you to be well prepared. You should plan your first and second choice career routes as early as possible and frequently review your progress to ensure you are able to follow these paths. Careful planning will help you progress smoothly as well as adapt to any unexpected changes to your plans.

Entering surgical training

Finding the right job

You should start to plan your career as early as possible. There are many factors to consider and decisions you will need to make. How important is geographical location to you? Some areas, such as London, are extremely popular and therefore competition is tougher. How competitive is your portfolio and experience compared with that of other candidates? Only you are able to answer these questions and you should give them careful consideration before applying for jobs.

You should begin by identifying which specialty interests you, considering what you want from your career and assessing what skills you already possess. You can then start creating a portfolio of experience, knowledge and skills that demonstrates your commitment to, and aptitude for, that specialty.

Completing the application for any job involves a considerable investment of time and effort. Applying for jobs you do not really want inevitably means you are not dedicating as much effort to applying for the jobs you really do. It may be helpful to make a list of what is essential for you to have as well as what you are willing to compromise on before you begin applying for posts.

For training posts (including the academic training path), it is important to make sure that you keep abreast of key dates, deadlines and processes. Lots of information can be found on websites such as Medical Specialty Training England and Core Surgery Recruitment where vacancies for core surgical training are advertised. Training jobs become available at the same time each year and are advertised during nationally defined recruitment cycles.

Career grade posts are not subject to such precisely timetabled recruitment and are advertised as and when they become available. You will need to monitor relevant websites and other media for advertisements. You can find vacancies advertised on:

- local websites
- the NHS Jobs website
- the BMJ Careers website.

Some websites provide summaries of all the relevant sites they monitor, though it is unwise to rely solely on these. You will also find some jobs through recruitment agencies although these will not be approved for training and are likely to be locum positions.

Ensure you are eligible for the job you want

You must honestly assess whether you are suitable for the job. The person specifications and job descriptions will help you decide which role or specialty is most suitable for you. You may not be considered if you apply for a post that you have too much or too little experience for.

When you apply for any post in surgery, you will be asked to demonstrate that you have achieved appropriate competencies at both the application and selection stages. These will include not only specialty-specific knowledge and skills but also more general career-based skills. In this section, we consider what these skills are and how you can go about acquiring them.

Lists of clinical competencies can be found on various websites. When applying to core training or similar non-training posts you

It is believed that the first female surgeon was named Miranda Stuart who carried out her career disguised as a man named James Barry.

will need to demonstrate that you have achieved the foundation competencies as listed on the Foundation Programme website.

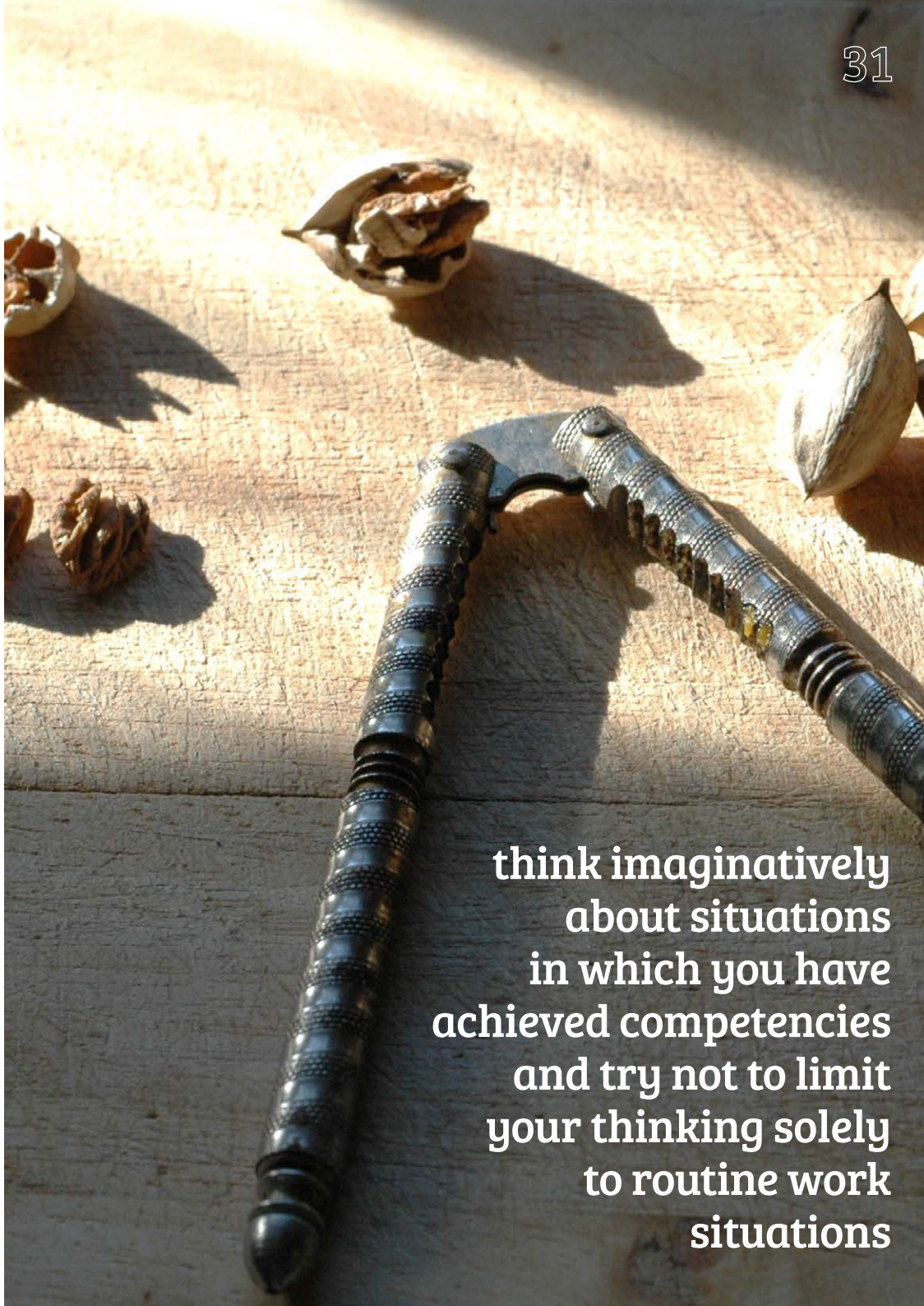
When applying for more senior posts, specialty training (StR) or similar level non-training grades you will need to demonstrate that you have completed the appropriate competencies for the level to which you are applying. These competencies are outlined on the Intercollegiate Surgical Curriculum Programme (ISCP) website.

In addition to clinical and technical skills and knowledge, you will also require more general skills, including:

- communication skills
- leadership and team involvement
- judgement under pressure
- decision making and problem solving
- general professional integrity.

You can acquire these from a wide range of activities: some that aim specifically to improve your portfolio and some that are an intrinsic part of your professional and personal life.

You should try to think imaginatively about situations in which you have achieved competencies and try not to limit your thinking solely to routine work scenarios. Do you have any hobbies that involve working in a team or leading a group? Do you teach or tutor in a subject other than medicine?



**think imaginatively
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situations**

Getting the job

There are three main points at which you should display all of the competencies you have gained from your experiences:

- in your application form
- in your portfolio and CV
- at the selection centre or interview.

Application form

The application form is the first stage in the recruitment process and you should therefore dedicate sufficient time to its completion. For posts in the training pathway you are likely to have to complete an application form that will ask you for information about your training and experience so far, as well as a number of questions that will require you to provide examples of particular competencies and how you have demonstrated these.

You should draft answers to the questions beforehand and then copy them across to the form, particularly if you are using an online form. This will help you to avoid any serious mistakes or spelling errors.

The application window is normally about two weeks. To ensure that you are able to complete the application form well within this short period you should draft some answers you think may arise before you begin the application process. Examples may include:

- Describe a time when you have had to make a decision under pressure.
- What experience of teaching do you have?

- Describe a recent example of when you found it difficult to make an effective judgement in a challenging situation. How did you overcome this difficulty and how has this experience informed your subsequent practice?

Make sure you read the application form carefully and provide answers that are relevant to the person specification. Examples from your portfolio will be very helpful in this process as you could subsequently refer to them when you attend a selection centre.

If you do not provide suitable evidence of your competencies on the application form it may not be clear that you meet the entry or selection criteria. This will mean that you may not be shortlisted or invited to an interview. The assessors can only judge you on the information you give them so make sure you have demonstrated your capabilities and 'fit' for the role.

Portfolio

Your portfolio should show your commitment to surgery. In addition to including a record and evidence of the activities you have undertaken (as outlined below), you should ensure your logbook is up to date – either paper-based or in electronic format such as that provided by the ISCP. You should make sure you include reflective examples from your work as well as documentary evidence of any extra activities you have undertaken.

The portfolio and the evidence it contains will support your applications, any subsequent interviews and your ongoing learning when you are in post. You will be asked to show your

Studies show that playing computer games uses the same hand-eye skills as surgery.



Antonella de Rosa

Core Surgical Trainee

I went to medical school at the University of Leeds and decided I wanted to be a surgeon after my first dissection class. While I was enthralled at the thought of meticulously dissecting out the anatomy of our human cadaver, my colleagues were either fainting around me or making their way to the nearest exit. After graduating I did an academic surgical foundation post in the North West Thames Deanery. I then got a place on the core surgical training programme in the East Midlands North Deanery and have never looked back. In parallel to my medical career I have been in the British Army and graduated from the Royal Military Academy Sandhurst in 2008, where the skills I learnt were directly transferable to a surgical career.

portfolio at the selection centre when you are applying for posts in the training pathway.

You will also find your portfolio invaluable during appraisals to progress through the specialty doctor grade if you decide on career grade posts. Furthermore, if you later decide to apply for a Certificate of Eligibility for Specialist Registration (CESR), your portfolio will be a central part of your application.

While you may not always be required to show your portfolio to anyone prior to attending the selection centre, it will be useful to have compiled your portfolio before this point so that you are familiar with it and can use it to help write your applications.

To compile your portfolio you should organise relevant career information in a ring binder or similar with a contents page and index tabs to ensure it is easy for both you and the selection centre assessor to navigate. You may have to refer to specific evidence so your portfolio should be logically and clearly laid out for easy access. It will be useful to produce a summary table listing all the competencies required (eg those listed on the ISCP website), how you have achieved them and where the evidence can be found in your portfolio.

The first section of your portfolio will be your CV. Your CV will have to impress the assessor in a short space of time. A good first impression is vital: ensure it is logical, clearly laid out and all the relevant information is easy to find. It is worth spending time on a master CV that you can update as you progress. It is also worth getting friends and colleagues to look over your CV periodically to ensure you are on the right track and that you haven't got any glaring spelling mistakes!

A good CV combines relevant details with clear examples of how you meet the key competencies. It should chart your personal and professional experience and qualifications while remaining focused on how these relate to the role you are applying for. You should provide an overall summary of your clinical experience to show you are suited to the wider roles of a surgeon, including:

- emergency and outpatient clinics
- day care
- work on the ward and in the operating theatre
- experience of perioperative patient care
- the list of procedures you've observed, assisted and performed (your logbook).

The main body of your portfolio should expand and extend on your CV and demonstrate your intended career path. It is important that you maintain your portfolio throughout your surgical career. There are a number of tools available to help you, such as the electronic portfolio available through the ISCP, e-logbook and personal records.

Things you can do to gain experience and make your portfolio more competitive include:

- attending courses
- attending conferences and seminars
- giving presentations at conferences and seminars
- joining or organising a journal club
- joining and participating in relevant associations
- undertaking self-directed learning
- teaching, including demonstrating anatomy
- research
- writing letters, articles and reports for publication
- audit projects
- working in alternative environments, eg electives at medical school
- joining and participating in your medical school surgical society.

It can be difficult to work out how you can gain these experiences but with a little research and effort (and superb time management) you should be able to undertake most of them. You can gain teaching experience in formal posts but these can be difficult to obtain at a junior level. You can also gain experience by volunteering to teach practical skills such as suturing at your university surgical society or the RCS. Alternatively, you can organise events on careers in medicine for local schools and teach students practical skills to help with their applications to medical school. There are many associations, networks and organisations you can join that are able to provide activities, courses and advice to support your career. Some of these are listed at the end of this booklet.

You will be able to get a lot of help and advice from senior colleagues. You may be allowed to observe or assist in theatre, undertake audits or research projects or sit in on clinics. Most consultants and senior staff will be happy to help as long as you are willing to commit to whatever projects you are involved with. However, they cannot help you if you do not ask!

Whatever activities you decide to undertake, make sure you keep your records up to date and keep correspondence, certificates and confirmations of attendance as evidence for your portfolio. If you do not record your activities as you do them you will find it very hard to compile your portfolio and write your application forms. If you have worked with a clinician outside of the normal teaching programme, ask for a letter of support as evidence. Other types of evidence your portfolio could include are:

- a logbook of clinical activity
- trainers' reports
- audits
- written workplace assessments
- list of competencies signed by supervising consultant
- assessments such as DOPS (direct observation of procedural skills).

**We all
spend
much of
our lives
at work
and it is
great to
have a job
you enjoy!**

**Helen Witherow,
Consultant Oral and
Maxillofacial Surgeon**

Example portfolios are available online, like the foundation portfolio on the Medical Specialty Training England website. These can provide you with structures to use for recording but it is what you record that is important and will make the difference.

Selection centre and interview

For posts in the training pathway (excluding foundation posts) you are likely to be invited to a selection centre where, among other activities, you will have a face-to-face interview. The use of selection centres is becoming an increasingly popular method of candidate assessment in medicine.

There are a number of things you can do to ensure that you are as prepared as possible before attending the selection centre. Make sure you are familiar with the person specification and the competencies that it requires. Think about how you meet these and have examples ready that demonstrate this. Make sure you are well presented when you attend the selection centre; this will not be a deciding factor but you will feel more professional and it will create a good first impression when you meet the selectors.

The selection centre is likely to be a large venue within the region to which you have applied. It is unlikely to be in a hospital and the venue may not be related to medicine at all. For example, some selection centres have been local hotels and interviews have been held at the RCS in London.

When you arrive at the centre you will be met by a member of the administrative staff who will tell you where you should go and what the process is. There are likely to be many candidates

When barber-surgeons finished an operation they would wrap the bloody bandages around a pole: this is the origin of the red and white swirled barber pole.

at the centre and you may be required to wait until it is your turn to go to the next station.

The nature of the stations will vary depending on where you are applying and what specialty you are applying to; some will have many stations where different competencies are tested in different ways, others may have only one or two. However, as a minimum you should expect to have at least 30 minutes of assessment, including a structured interview. This involves pre-set questions that will be the same for all candidates. These questions will assess your level of competency against those requested in the person specification and will ask you to reflect on your past experience and consider how you would react to a hypothetical situation. Stations that you may have to complete include:

- interview
- clinical scenario
- portfolio and CV review
- management
- self assessment
- interpretation of research
- undertaking a practical skill, such as suturing.

You should note that this list is not exhaustive. You may be asked to complete other stations and different selection centres may go into different levels of detail in each station.

Remember the selection process is designed to ensure that everyone who is capable and works hard has access to a career in surgery. With effort and planning you can become part of the profession and enjoy a fulfilling and rewarding career. Good luck!



There are lots of useful resources to help you in your career. We have included a number of helpful links, telephone numbers and definitions in this section.

Useful resources

Common terms and acronyms

ACF	Academic clinical fellowship – a type of academic job
ASiT	Association of Surgeons in Training – association supporting all surgical trainees and students
BMA	British Medical Association – trade Union for all doctors
BMJ	British Medical Journal – the official journal of the BMA, with a large medical careers section
CCT	Certificate of Completion of Training – achieved on completion of recognised and approved specialty training, ie training that has an NTN attached to it
CESR	Certificate of Eligibility for Specialist Registration – alternative route to Specialist Registration for those who do not undertake training in recognised UK posts
CL	Clinical lectureship – type of academic job
CT	Core training – first two years of surgical training for most specialties
CPD	Continued professional development – structured approach to life-long learning
CV	Curriculum vitae – an overview of experience, skills and qualifications
F1 and F2	Foundation Year 1 and Foundation Year 2
FRCS	Fellowship of the Royal College of Surgeons – specialty-specific exit exam taken at the end of specialty training
FTSTA	Fixed term specialty training appointment
GMC	General Medical Council – regulatory body for doctors
HEE	Health Education England – a national body that oversees the provision of education and training in medicine
ISCP	Intercollegiate Specialty Curriculum Programme – online curriculum and resource to record training for surgical trainees
JCST	Joint Committee on Surgical Training – parent body for SACs

LAS	Locum appointment for service – a temporary post that does not count towards training
LAT	Locum appointment for training – a temporary post that is pre-approved for training
LETB	Local education and training board – a regional structure within the NHS that commissions, and holds and allocates local funding for, training and education
LTFT	Less than full time training – training at 50–99% of full-time hours
MBBS	Bachelors of Medicine, Bachelors of Surgery (Latin: <i>medicinae baccalaureus, baccalaureus chirurgiae</i>) – a UK undergraduate medical degree. Alternative abbreviations include MBBSChir, BMBCh, MBBSCh, MBChB, BMBS, BM and BMed
MD	Doctor of Medicine (Latin: <i>medicinae doctor</i>) – an advanced academic research degree similar to a PhD
MMC	Modernising Medical Careers – now called Medical Specialty Training England, a Department of Health team responsible for supporting recruitment and selection for medical training
MRCS	Member of the Royal College of Surgeons – exam taken before the end of core training to be eligible to enter specialty training
NHS	National Health Service – the publicly funded healthcare system in the UK
NTN	National training number – unique identifier issued to anyone undertaking a training programme recognised and approved by the GMC and relevant medical royal college
PhD	Doctor of Philosophy (Latin: <i>philosophiae doctor</i>) – a postgraduate academic degree awarded by universities
RCS	The Royal College of Surgeons of England – one of four surgical royal colleges responsible for overseeing standards in surgical training in the UK and running national examinations
SAC	Specialty advisory committee – committee responsible for overseeing surgical training in a particular specialty

SAS	Staff and associate specialty grade – non-consultant career grade
SHO	Senior house officer – former junior doctor grade that is roughly equivalent to CT. SHO is still used in some hospitals to describe junior training grades
SpR	Specialist registrar – trainee post from pre-2007 (Calman trainee) undertaking higher surgical training. Equivalent to ST3–8
ST1–8	Specialty training 1–8 – surgical training wholly within a particular specialty
StR	Specialty registrar – collective name for those in specialty training level ST3 and upwards
TPD	Training programme director – liaison between surgical trainees, the postgraduate dean, the SAC, and the RCS
UKFPO	UK Foundation Programme Office – organises and oversees the foundation programme
Calman trainee	Training system used in the UK until 2007 – some senior surgical trainees are still completing Calman training, which is not run via the ISCP
Deanery	A regional organisation within the structure of the NHS responsible for postgraduate medical and dental training. In the case of trainees, deaneries are their employer rather than individual hospitals. Following changes to the NHS in 2013, many deanery functions are performed by LETBs.
FACD 5.2 certificate	Foundation Achievement of Competence Document – used to demonstrate competence level when entering core training
Logbook	Portfolio of clinical, surgical and educational experience
Out of programme	A break in the specialty training programme to undertake training overseas, research or a career break (with the agreement of the deanery). This may or may not count towards your training programme
Portfolio	An organised presentation of an individual's education, work samples, and skills



Useful links

The Royal College of Surgeons of England
www.rcseng.ac.uk

Association of Surgeons in Training (ASiT)
www.asit.org

Avicenna
<http://avicenna.ku.dk/database/medicine>

British Medical Association (BMA)
www.bma.org.uk

BMJ Careers
<http://careers.bmj.com/careers/hospital-medical-healthcare-doctors-jobs.html>

British Orthopaedic Trainees Association (BOTA)
www.bota.org.uk

Core Surgical Recruitment
www.surgeryrecruitment.nhs.uk

elogbook
www.elogbook.org

The Foundation Programme
www.foundationprogramme.nhs.uk

Intercollegiate Surgical Curriculum Programme (ISCP)
www.iscp.ac.uk

Joint Committee on Surgical Training (JCST)
www.jcst.org

Health Education England – Specialty Training
<http://specialtytraining.hee.nhs.uk/>

NHS Careers
www.nhscareers.nhs.uk

NHS Jobs
www.jobs.nhs.uk

Society of Academic and Research Surgery (SARS)
www.surgicalresearch.org.uk

Specialty associations

Cardiothoracic surgery	Society of Cardiothoracic Surgery in Great Britain and Ireland www.scts.org
General surgery	The Association of Surgeons of Great Britain and Ireland www.asgbi.org.uk
Neurosurgery	Society of British Neurological Surgeons www.sbns.org.uk
Oral and maxillofacial surgery	British Association of Oral and Maxillofacial Surgeons www.baoms.org.uk
Otolaryngology (ENT)	ENT-UK www.entuk.org
Paediatric surgery	The British Association of Paediatric Surgeons www.baps.org.uk
Plastic surgery	British Association of Plastic, Reconstructive and Aesthetic Surgeons www.bapras.org.uk
	British Association of Aesthetic Plastic Surgeons www.baaps.org.uk
Trauma and orthopaedic surgery	British Orthopaedic Association www.boa.ac.uk
Urology	British Association of Urological Surgeons www.baus.org.uk
Vascular surgery	The Vascular Society of Great Britain and Ireland www.vascularsociety.org.uk

Our careers support

RCS Careers Team

The RCS has a dedicated careers team who are available via email or on the phone. We can answer queries regarding all aspects of entering and progressing through a surgical career. You may also find what you need on the RCS Careers website

<http://surgicalcareers.rcseng.ac.uk/>

careers@rcseng.ac.uk

020 7869 6212

Women in Surgery

Women in Surgery is an RCS initiative working to promote surgery as a career for women and to enable women who have chosen a career in this field to fulfil their ambitions.

Through this network, Women in Surgery provides advice, guidance and pastoral support. You can join Women in Surgery for free.

<http://surgicalcareers.rcseng.ac.uk/wins/>

OiS@rcseng.ac.uk

020 7869 6217

Affiliates Scheme

The Affiliate Scheme offers benefits including exclusive access to selected busarries, advance notice of events and courses and a regular newsletter. The scheme is open to all UK medical students and pre-MRCS trainees

www.rcseng.ac.uk/join-affiliates

affiliates@rcseng.ac.uk

020 7869 6215

Other College contacts

Education and training

The RCS Education team deliver a wide range of courses for surgeons, medical students and practitioners at all stages of their careers.

<http://www.rcseng.ac.uk/surgeons/education>

education@rcseng.ac.uk

020 7869 6300

Examinations

The RCS Examinations team run a number of postgraduate examinations for surgery and dentistry. The most relevant to trainees is the MRCS taken during foundation or core training.

<http://www.rcseng.ac.uk/exams>

exams@rcseng.ac.uk

020 7869 6281

The Hunterian Museum

A free museum showcasing a fascinating mix of comparative anatomy and pathology specimens including complete skeletons, bones, skulls and teeth, dried preparations, and surgical and dental instruments. Open Tuesday to Saturday 10am–5pm.

<http://www.hunterianmuseum.org>

museums@rcseng.ac.uk

020 7869 6560

The Wellcome Museum of Anatomy and Pathology

A modern anatomical and pathological teaching resource, consisting of preserved wet and dry bone and tissue. Open Monday to Friday 10am–5pm, booking is essential.

<http://www.rcseng.ac.uk/museums/wellcome>

museums@rcseng.ac.uk

020 7869 6560

First say to
yourself what
you would be;
and then do what
you have to do
Epictetus
(55–135AD)



The Royal College of Surgeons exists to enable all surgeons to achieve and maintain the highest standards of surgery, promote patient safety and to support surgeons throughout their careers.

Please check out our courses and career advice pages on www.rcseng.ac.uk to see how we can help you be as good as you can be. (Also, please come and visit us – The Hunterian Museum is fascinating and free!)

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www.facebook.com/rcs.wins



@RCSnews

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