

Applications to Specialist Surgical Training

Mr Darren Ebreo BSc(Hons), MB BS, MRCS(Eng), MD
ST6 Trauma & Orthopaedic Surgery
Wales Deanery
BOTA Representative for Wales
RCS “Starting out in surgery”
9th May 2018

Objectives

- Provide advice and insight for applications at ST3 level
- How to make a competitive application

ORGANISATION, Dedication,
Perseverance

BRACE YOURSELF

**"IT'S A MARATHON, NOT A SPRINT" QUOTES
ARE COMING**

memegenerator.net

2016

2016 – ST3 Competition Ratios – Surgical Specialties

Specialty	Applications Received	Posts Available	Competition Ratio
Cardiothoracic Surgery	54	8	6.75
General Surgery	365	217	1.68
Neurosurgery	22	6	3.67
Ophthalmology	43	14	3.07
Oral and Maxillo Facial Surgery	21	16	1.31
Otolaryngology	103	63	1.63
Paediatric Surgery	53	13	4.08
Plastic Surgery	103	37	2.78
Trauma and Orthopaedic Surgery	370	138	2.68
Urology	151	70	2.16

Please note: Applications and posts are for the first advertisement only and do not include any readvertisements

2017

2017 – ST3 Competition Ratios – Surgical Specialties

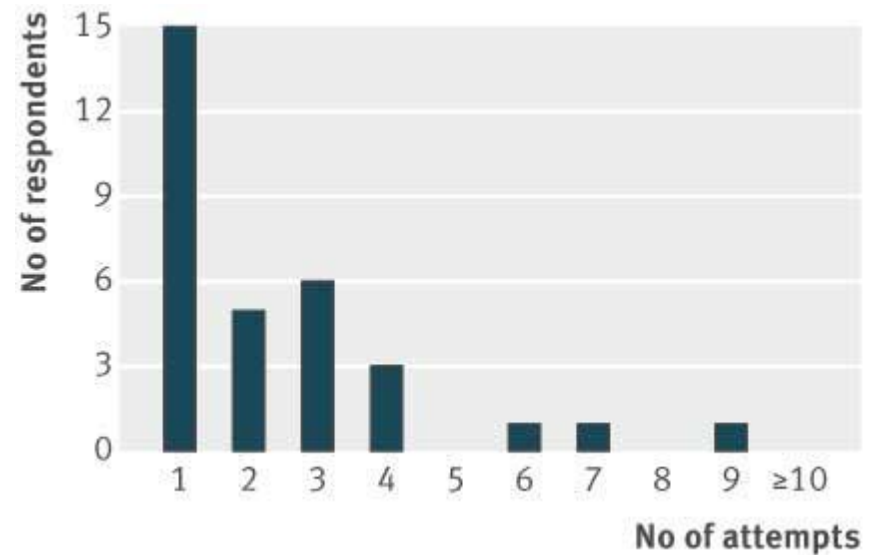
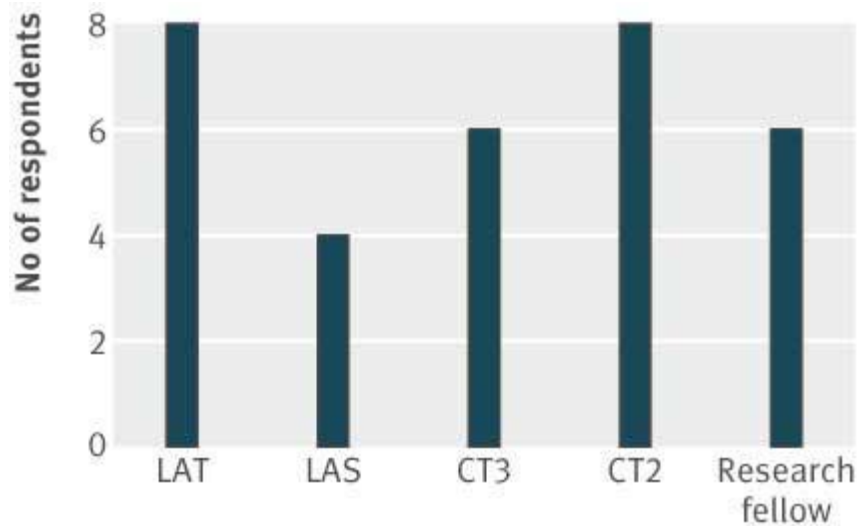
Specialty	Applications Received	Posts Available	Competition Ratio
Cardiothoracic Surgery	46	10	4.60
General Surgery	350	236	1.48
Neurosurgery	19	9	2.11
Ophthalmology	32	9	3.56
Oral and Maxillo Facial Surgery	28	23	1.22
Otolaryngology	126	69	1.83
Paediatric Surgery	49	12	4.08
Plastic Surgery	123	33	3.73
Trauma and Orthopaedic Surgery	378	172	2.20
Urology	144	67	2.15

Please note: Applications and posts are for the first advertisement only and do not include any re-advertisements

Don't celebrate too early!



Competition for T&O NTN



The Essential Criteria

- Have full GMC Registration
- Foundation Competencies
- CT1/ST1 Competencies and evidence thereof
- Satisfactory Completion of CT2/ST2 Competencies by time of appt evidenced by WBAs
- Time in Speciality: Variable from 10 mo min to 48 mo max
 - Choose your CST rotations CAREFULLY to optimise your application
 - Discuss career plans with your TPD EARLY

Preparation Timeline

- Start **EARLY** (F2) Building CV/Portfolio takes time
 - Tailor towards intended speciality +/- complimentary speciality if still undecided (e.g. T&O/Plast/Neuro or Gen Surg/Uro)
 - Publications & Presentations can take from a year to 18mo from data collection to materialise
 - Be aware of conference dates and abstract deadlines for the conferences in your speciality
 - Be aware of trainee prizes/awards e.g. essay competitions
 - Join a trainee organisation e.g. BOTA, ASIT
 - Info
 - Guidance
 - Networking

Preparation Timeline

- MRCS exam revision +/- resits: Factor in a year (CT1)
- Keep a logbook (elogbook.org)
 - Keep a track of all the cases you are involved in
 - Know your “index cases”
- Use the ISCP to maximum effect
- Be aware of other compulsory exams/requirements
 - DOHNS/MRCS(ENT) for ENT
 - A Dental Degree for Maxfax

Preparation Timeline

- Essential courses (ATLS, Basic Surgical Skills, CCrISP)
 - Popular
 - Can be expensive
 - Speciality Specific courses e.g. AO for T&O
- Higher Degrees
 - Non essential for application. Desirable?
 - Academic training programmes
 - Doesn't harm your application (points can be made up elsewhere)
 - Time, labour, emotional & financial strain = HUGELY REWARDING!
- Find the relevant person specification & application guidance
 - <https://specialtytraining.hee.nhs.uk/Recruitment/Person-specifications>
 - Applicant guides from relevant Lead Employer
 - Use it like a checklist

1 of 2 Portfolio Scoresheet Descriptors

Vascular Surgery & General Surgery Specialty Training National Selection 2018

Domain	Guidance	0	1	2	3	4	5
1. Additional Postgraduate Qualifications	<p><u>In progress</u> = evidence of registration</p> <p><u>Submitted</u> = evidence of submission to University for examination</p> <p><u>Awarded</u> = with evidence of award</p> <p>If ≥2 academic qualifications have been undertaken, then each extra year completed counts as one point (up to 5 maximum)</p>	Primary medical qualification & MRCS are essential & DO NOT SCORE	<p>Part of a year completed:</p> <p>Certificate/ Diploma/ MSc</p> <p><u>In progress</u>, with evidence of at least 1 module successfully completed</p>	<p>Equivalent to 1 yr completed:</p> <p>eg BSc or BA (by exam) <u>awarded</u></p> <p>OR</p> <p>Certificate (eg Med Ed) <u>awarded</u></p> <p>OR</p> <p>MD /MS /PhD or equivalent <u>in progress</u> with a positive 1st yr Progress Report</p>	<p>Equivalent to 2 yr completed:</p> <p>eg Diploma <u>awarded</u></p> <p>OR</p> <p>MD/ MS/ PhD or equivalent <u>in progress</u> with a positive 2nd yr Progress Report</p>	<p>Equivalent to 3 years completed:</p> <p>eg Diploma & BSc <u>awarded</u></p> <p>OR</p> <p>Masters (eg MSc Surgical Sciences or Med Ed or MBA) <u>awarded</u></p> <p>OR</p> <p>MD /MS /PhD or equivalent <u>submitted</u></p>	MD /MS /PhD or equivalent <u>awarded</u>
2. Academic Awards & Prizes	<p>Undergraduate (UG) prizes should be over and above usual achievements</p> <p>Max 2 points can be awarded for UG achievements</p>		1 undergraduate prize OR Primary medical degree with Honours	>1 undergraduate prize	1 postgraduate prize	>1 postgraduate prize	International Prize (eg Moynihan Prize, Patey Prize, Exam Prize from Royal College, Hunterian or equiv)
3. Clinical Knowledge & Experience	<p>eg MSF, mini-CEX, CBD, <u>not</u> PBAs</p> <p>Consider frequency of completion of WBAs, % of consultant-validated ratings, evidence of progression. Highest level achieved should have consultant validation.</p> <p>Evidence of progression in early care of common elective & emergency presentations (eg hernia, biliary colic, peritonitis, bowel obstruction, limb ischaemia)</p>	No evidence	Evidence of acquisition of CT1 level clinical skills	Evidence of acquisition of CT2 level clinical skills. Global skills performance at CT2	Evidence of acquisition of some clinical skills above CT2 level	Evidence of multiple WBAs at Level 3, including difficult cases and multiple consultant ratings	Evidence of multiple WBAs at Level 3 & 4, including difficult cases and multiple consultant ratings
4. Technical Knowledge & Experience	<p>Logbook experience</p> <p>Requirements for entry to ST3</p> <p>Assess experience in & level of competence in index procedures:</p> <p>1st abdominal wall hernia, groin exploration, appendicectomy, laparoscopic port placement, abdominal incision or similar</p> <p>Candidate needs at least 3 PBAs / DOPs (or equivalent) in an index procedure to confirm level of competence.</p> <p>At least 2 of these assessments should be consultant validated</p>		<p>Incomplete data</p> <p>A few log book assessments at CT1 level</p> <p>Mostly assisting</p>	<p>Logbook experience & assessments showing some competence at CT2 level, but most at CT1 level</p> <p>Demonstrates good progression of operative skills within any surgical attachment. eg abdominal wall closure from Level 2 to 4</p>	<p>Logbook experience & assessments showing competence at CT2 level</p> <p>(eg open & close laparotomy, 1st hernia, stoma formation)</p>	<p>Multiple assessments at CT2 level over 3 or 4 index operations, multiple assessments of some index procedures assessments at junior HST level</p> <p>eg appendicectomy L3, inguinal hernia repair L3, emergency laparotomy L2, Groin exploration L3</p>	<p>Multiple assessments & index operations performed demonstrating competence at mid HST level</p> <p>eg appendicectomy L4, inguinal hernia repair L4, emerg laparotomy L3</p>
5. Courses	NB: Management, leadership & teaching courses do not count under this domain (see Sections 9 & 10) – only count clinical courses relevant to General (GS) / Vascular Surg (VS)		2 of ATLS, BSS, CCrISP (or equiv) completed + 1 extra course in GS/ VS for each year beyond Core Training	All of ATLS, BSS, CCrISP (or equivalent) completed + 1 extra course in GS/ VS for each year beyond Core Training	All of ATLS, BSS, CCrISP (or equivalent) completed + 2 extra courses in GS/ VS	All of ATLS, BSS, CCrISP (or equivalent) completed + 4 extra courses in GS/ VS	All of ATLS, BSS, CCrISP (or equivalent) completed + 6 extra courses in GS/ VS

2 of 2 Portfolio Scoresheet Descriptors

Vascular Surgery & General Surgery Specialty Training National Selection 2018

Domain	Guidance	0	1	2	3	4	5
6. Audit	Count Quality Improvement Projects as equivalent to audit To count, a completed cycle should be done of their own audit Personal involvement = evidence that all of the following have been done by the candidate: design, data collection, data analysis, presentation of data (written or oral)		2 audits with no cycle completion MAX 1 point to be allowed if only re-audits are presented, with no primary audit evidence	2 audits with personal involvement & 1 full cycle OR 3 audits with no cycle completion but with personal involvement	3 audits with personal involvement with 2 full cycles OR 4 audits with personal involvement with 1 full cycle OR 5 audits with personal involvement without cycle completion	5 audits with personal involvement with 3 full cycles OR 6 audits and 2 full cycles OR 7 audits and 1 full cycle OR 8 audits without cycle completion but with personal involvement	8 or more audits with personal involvement with 4 full cycles OR 10 audits without cycle completion but with personal involvement (TOTAL 10)
7. Publications	Significant author = work done equivalent to 1 st , 2 nd , last or corresponding author Published abstracts DO NOT score NB: Cannot score >2 without a significant author peer reviewed publication of original work (with PubMed ID) or a formal review paper		1 publication as non-significant author OR 2 significant author case reports OR contribution to collaborative research project	1 significant author peer reviewed paper OR ≥2 publications as non-significant author OR ≥3 significant author case reports OR 1 st author book chapter	≥2 significant author peer reviewed publications of original work or of formal reviews (not case reports) OR 1 significant author review paper & 3 non-significant author peer reviewed papers	≥4 significant author peer reviewed publications of original work or of formal reviews	≥7 or more significant author peer reviewed publications of original work or of formal reviews
8. Presentations	Presentations do score even if the same piece of work also scores under publications Posters only count in first 3 sections		1 Regional presentation OR 1 poster at national or regional level	1 Oral presentation to a regional /national /international society (presented or 1 st author) OR 3 Poster presentations	2 Oral presentations to national/international society (presented or 1 st author) or 1 oral presentation and 3 first author poster presentations or 6 poster presentations 1st author)	5 Oral presentations to national/ international society (presented or 1 st author)	≥7 Oral presentations to national/ international society (presented or 1 st author)
9. Teaching	Need evidence of teaching plan and feedback for all activities except ad hoc teaching		Ad hoc ward teaching – medical students, nurses OR Completed e-modules on teaching	Regular ward-based teaching commitment OR Completed a 1 day course on teaching eg Teach the Teacher Must have evidence of teaching to support course. (At least 1 needed to score)	Regular tutorials OR Single UG lecture OR Completed a 2 day course on teaching eg Training the Trainer (At least 2 needed)	≥3 UG lectures with feedback OR ATLS instructor or similar OR Evidence of involvement in curriculum development (At least 1 needed)	Lecture series created &/or delivered OR Leading role in course/ curriculum development (At least 1 needed)
10. Management, Leadership & Teamwork	Can use examples from inside or outside medicine which demonstrate leadership, working in teams, prioritisation & organisation		Organizing rotas OR Day course on leadership OR UG student representative role	Regular organisation of local educational meetings eg M&M & MDTs OR Completed a day course on leadership with evidence of leadership at this level	Local trainee representative OR Organised small events/ activities OR Committee member of a local medical society	Involvement in organising regional meetings OR Regional representative role OR Committee member of a national medical society	Major involvement in leadership OR National rep role OR Involved in significant events/activities OR President of national med soc

Points to note

- Coupled vs Uncoupled
 - ST1 or ST3 entry points
- National Selection vs Regional Selection
 - Scotland, Wales, NI have differing albeit similar processes for recruitment.
 - Ask trainees in the region for specifics
- Work/Life considerations
 - May need to move based on job availability

Resources

- Find a mentor/coach
 - Guidance, advice, goal setting
- Mentorship schemes
 - Formal
 - Informal
 - Recent successful ST3s
 - Other STs
 - Consultants
- ASIT/BOTA
- The College & subspeciality associations
- RCS Bulletin
- BMJ Careers
- Courses
 - Variable both in cost and quality
 - Ask previous attendees for reviews



On the Day

Station	Description	Duration	Maximum score
Portfolio	Self assessment validation: Interviewers will examine your portfolio and validate the self assessment questions from your application form	15 minutes before entering station	32
	Portfolio interview: Two questions based on your portfolio and career to date and two questions based on wider orthopaedic issues. Scored independently by two interviewers	15 minutes	50
Clinical	Clinical knowledge and clinical anatomy: A minimum mark of 37 to be achieved in this station; if not achieved, candidates will fail regardless of cumulative score and performance in other stations	15 minutes	60
Interactive and communication	Candidate observed interacting with actors who role play a scenario. The scenario is in two parts, each lasting roughly 7.5 minutes.	15 minutes	40
Presentation and list planning	Presentation: Three minute presentation with just one slide	15 minutes	60
	List planning exercise: Candidate is presented with a list of cases and asked to plan an operating list, discussing the rationale for their decision with the interviewers		
Technical skills	A technical skills exercise, such as an operative procedure on dry bone. Candidate is asked theoretical questions throughout	15 minutes	60

“Treat it Like an ‘Exam!’”

- Have a study group
 - Non competitive => if good enough you will get a job
- Start out 4-6mo before the applications
 - Deficiencies in the portfolio can be made up by a strong interview.
 - A poor interview can't necessarily be compensated by a brilliant portfolio
- Mock interview groups
 - Ideally 3 persons – interviewee, interviewer, assessor
 - Practice with recently appointed ST3s or Consultants who have interviewed.

WHY?

- Hugely rewarding
 - Craft & personal satisfaction
 - Restoration of form/function
 - Life changing and in some cases life saving
 - Results can be achieved quickly
- Intellectually challenging
 - Decision making: Sometimes best op is no op
 - Problem solving

Questions?

