

# CORE SURGICAL TRAINING APPLICATIONS: MAKING THE CUT

**S Lammy** Academic Clinical Fellow  
Oxford University Hospitals NHS Trust



Successful selection to surgery demands thorough preparation, beginning invariably in medical school. Junior doctors in Britain undergo a two-year competitively selected foundation programme (F1–F2), during which they complete six rotations of four months' duration in acute and chronic specialties.<sup>1</sup> Surgical training is split into two stages: basic (core) surgical training and higher (specialty) surgical training.

*Ann R Coll Surg Engl (Suppl)*  
2014; **96**: 26–27

Core surgical training lasts for two years (CT1–CT2). Each programme is specialty themed and trainees can expect up to 12 months in a specialty of their choice (eg plastic surgery). The exceptions to this are national neurosurgical selection (and orthopaedic selection in Scotland) and deanery-led academic clinical fellowships in England in conjunction with the National Institute for Health Research, which has a separate respective national and deanery-led selection process and educational directive. The choice of specialty is a competitive process and those more competitive are more fiercely contested.

Junior doctors who are determined to pursue a surgical career ensure they obtain a foundation programme that is predominantly surgical. This exposes the trainee to the clinical and academic aspects of a surgical career, providing invaluable preparation for surgical selection. Surgical selection occurs midway through F2. Selection from foundation to a core surgical training programme is conducted through a national selection process organised through Health Education Kent, Surrey and Sussex.<sup>2</sup>

Junior doctors demonstrate surgical commitment through a number of ways. Clinical commitment includes completion of surgical courses that are delivered by the RCS. These permit structured learning in a calm atmosphere. Other courses include professional qualifications such as *Advanced Life Support*<sup>3</sup> and *Advanced Trauma Life Support*<sup>®</sup>,<sup>4</sup> as approved by the Resuscitation Council (UK) and the RCS.

One important consideration is the importance of demonstrating academic potential. Completion of clinical audit and conducting surgical research is a highly rewarding experience. Submission of abstracts for presentation at significant conferences (eg Association of Surgeons of Great Britain and Ireland)<sup>5</sup> alongside publications in reputable journals (eg *British Journal of Surgery*) distinguishes candidates.

A significant step is passing postgraduate surgical examinations and obtaining membership of one of the royal surgical colleges. This is essential to progress from core surgical to higher surgical training, which has recently become an absolute requirement to acquire full core competencies irrespective of higher progression, and determined doctors obtain membership before selection to core surgical training. Ultimately, surgical aptitude is assessed on both a generic application form and at an interview.<sup>2</sup>

At interview, candidates are assessed across several stations. The portfolio station enables a surgical portfolio and a candidate's commitment to surgery to be cross-examined. A clinical station employs clinical scenarios to mark appropriate management formulation. The management station uses non-clinical scenarios to examine professional knowledge and personal attributes.

The highest scoring candidate acquires his or her first choice of a core surgical training programme and can pick one themed in a specialty of his or her choice (eg orthopaedic surgery). Scoring higher to obtain a specialty specific core surgical training programme can influence

selection for entry into higher surgical training in that specialty. Competition ratios range from 0.9:1 in East Midlands South to 3.7:1 in London and a mean competition ratio of 1.67:1 exists across all 17 deaneries in England, Northern Ireland, Scotland and Wales.<sup>6</sup> Recent innovations in selection ensure that candidates select one deanery, thereby increasing the individual day performance at selection. This has dramatically decreased the competition ratio from previous selection diets (eg >8:1 in Oxford).

Surgical selection generates an impression that only the most committed should pursue it. This impression discourages many potential applicants before the process has even begun.<sup>7</sup> The best advice for those considering

a surgical career is to simply work extremely hard and give it a shot, and to never underestimate the hard work required to obtain a core surgical rotation of your choice that helps you prepare for a specific specialty at higher surgical training selection. Preparation is crucial to success in both surgical procedures and surgical selection. The Core Surgical National Recruitment Office contains a wealth of information on surgical selection diets.<sup>2,6</sup> One thing guaranteed is that selection will become more competitive in the future. Commitment starts today.

#### Acknowledgements

The author wishes to thank the Core Surgery National Recruitment Office. Simon Lammy ranked fourth in Scotland

for core surgical selection (2012) and first in Oxford for an academic clinical fellowship in vascular surgery (2013). He composed this article as a core surgical trainee (CTI) in Edinburgh.

#### References

1. The Foundation Programme. *FP Curriculum 2012*. [www.foundationprogramme.nhs.uk/pages/home/curriculum-and-assessment/curriculum2012](http://www.foundationprogramme.nhs.uk/pages/home/curriculum-and-assessment/curriculum2012) (cited August 2013).
2. Core Surgery National Recruitment Office. *2013 Core Surgical Training Applicant Guide*. London: CSNRO; 2012.
3. Resuscitation Council (UK). *Advanced Life Support Course*. [www.resus.org.uk/pages/alsinfo.htm](http://www.resus.org.uk/pages/alsinfo.htm) (cited August 2013).
4. The Royal College of Surgeons of England. *Advanced Trauma Life Support Course*. [www.rcseng.ac.uk/courses/course-search/atls.html](http://www.rcseng.ac.uk/courses/course-search/atls.html) (cited August 2013).
5. Association of Surgeons of Great Britain and Ireland. *International Surgical Congress 2013*. [www.asgbi.org.uk/glasgow2013/](http://www.asgbi.org.uk/glasgow2013/) (cited August 2013).
6. Health Education KSS. *Core Surgery Recruitment for NHS*. [www.surgeryrecruitment.nhs.uk/](http://www.surgeryrecruitment.nhs.uk/) (cited August 2013).
7. Jacques H. Specialty training competition stabilises as applications and posts rise. *BMJ Careers* 15 May 2012.

