

Gaining entry to higher surgical training via the award of a national training number has always been demanding and remains so today, with most specialties having moved towards a national selection process. The difficulty for applicants is knowing 'how to stand out from the crowd'. This article highlights the key attributes of successful candidates obtaining an ENT number but has broader application to those applying to any higher surgical specialty.

David Sanders Series Editor

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

Who is succeeding at ENT ST3 England National Selection?

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As a relatively small but popular specialty, application for national training numbers (NTNs) in ENT has always been relatively competitive. The authors developed an interest in ENT during their medical school and foundation years; however, they consistently experienced discouragement from trainees, consultants and programme directors who painted a bleak outlook.

There were suggestions that very few numbers existed and that they might typically go to 'Oxbridge top rankers' who had 'been publishing research since their early medical school years' and those 'with higher degrees'. The number of posts being offered each year was reduced in 2011 to help with workforce planning and hence the competition for numbers has become even fiercer.

In the interests of ensuring fair selection for these sparse training numbers, ENT was one of the first surgical specialties to move to a National Selection process for recruiting new registrars in England. This process has now been in place for three years and during this time most of the other surgical specialties have also moved to this model of selection, with Trauma and Orthopaedics being the latest in 2013.

In 2012, 32 ENT NTNs were available through National Selection (34 posts were given, with one additional post to a military doctor and one number recycled

from an applicant applying with an existing NTN that was changing deanery). There were an estimated 650 people appointed into core surgical training in 2011¹ and, while no official data exists on what proportion of these rotations are designed with an ENT theme, a document published by Medical Education England in 2010 estimated this figure to be at least 72 posts each year.²

Added to the competition are candidates who did not obtain an NTN in previous years, as well as applicants taking an unconventional route to application. Overall this has meant that National Selection for ENT has continued to involve significant contest between many well-qualified candidates.

The difficulty in obtaining an NTN has also led to a topical debate among trainees and trainers concerning how a candidate can remain competitive if they are not successful at the first National Selection attempt. Information from the chair of the ENT specialty advisory committee (SAC) has explained that the interview-marking scheme for candidates is designed to allow fair competition to those applying from core training by deducting points for additional time in ENT. Candidates have been told that their best chance of being offered an NTN is to apply from core training. This has caused concern for those considering accepting a locum appointment for training (LAT) post or for candidates who have taken an alternative career path.

We sought to establish the typical profile of candidates successfully obtaining an NTN at England National Selection. All 34 successful candidates from the 2012 National Selection were contacted via an electronic survey. We discuss the information they provided and also data released by the SAC chair from the 2011 National Selection. A personal description of the selection process is also offered in addition to advice to aspiring candidates.

Person specifications

The first port of call for anyone hoping to progress to higher surgical training in ENT is to look at the person specifications on the Modernising Medical Careers (MMC) website. This lists desirable attributes and outlines a few key objectives to be attained, including completion of foundation and core training competencies, a minimum of six months' ENT experience and passing the required examinations.

The MRCS(ENT) is gained by passing the MRCS part A and the Diploma in Otolaryngology – Head and Neck Surgery (DO-HNS) part 2. It provides an alternative for aspiring ENT trainees who would otherwise have to take both parts of each of the MRCS and DO-HNS standalone qualifications. Passing the required exams is a key step in preparing to apply for ENT ST3 and taking them early allows the candidate to focus on achieving other requirements, particularly publications, presentations and courses. Mishreki and Couch³ describe many of the crucial aspects of a candidate's CV for

general surgery and the broad areas they describe apply to ENT too.

Another key point for applicants is that their core training must include at least 6 months of ENT (12 months is listed as desirable). Core training programmes currently range from those with a specific ENT theme to those wherein rotations are assigned by preference depending on ranking at interview. Spending time in a broad range of complementary specialties will also score the applicant extra marks. The person specification lists six months' experience in two of the following: neurosurgery, plastic and reconstructive surgery, oral and maxillofacial surgery, paediatrics, intensive care, thoracic surgery, upper gastrointestinal surgery, paediatric surgery, A&E medicine and general practice. Thus it aids applicants to choose their core training rotations to maximise their points here.

The application process

English National Selection is coordinated and managed by the Yorkshire and Humber deanery. The process for 2011 and 2012 was broadly similar, with the posts being advertised on the deanery website and an online application via the Intrepid website encouraged from around March. It is planned that Scotland will join the process in 2013, although in Wales selection remains independent.

Applicants provide personal information, referees, employment history and fitness-to-practise data, as well as answering CV-style questions and supplying details of degrees, courses, papers, audits, posters and presentations. Exam and course completion dates are requested. Publications, audits and presentations are all entered with particular focus put on self-audit, completed cycles and published/presented audits. Applicants then rank all the deaneries in preference order. It is made clear that all deaneries must be ranked. This may mean that a candidate receives an offer in a deanery that they are not able to work in owing to personal circumstances.

The short-listing process tends to result in almost all applicants receiving a call to interview. Interview slots are booked by the candidate via the Intrepid website. Instructions are issued to bring a portfolio of evidence to the interview and a specific layout is given for this. Having

FIGURE 1

UNDERGRADUATE CLINICAL SCHOOL

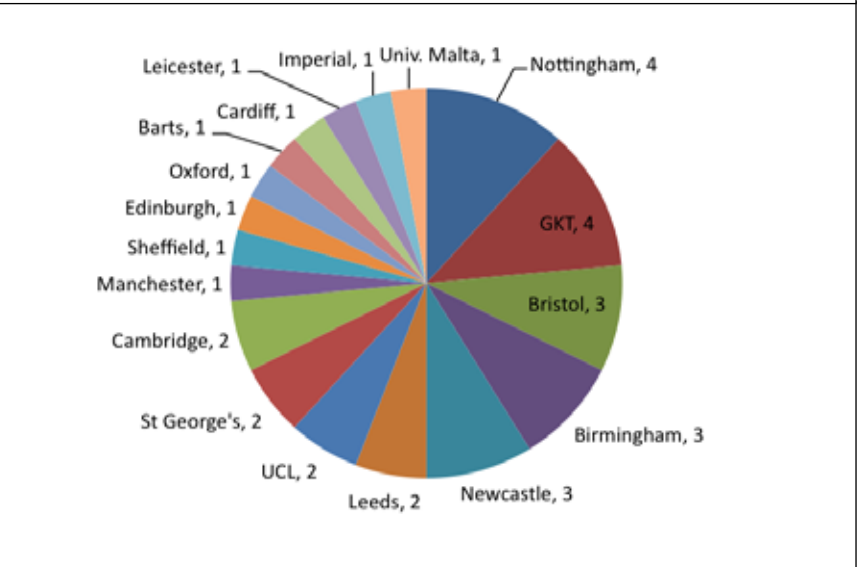


FIGURE 2

YEAR OF GRADUATION

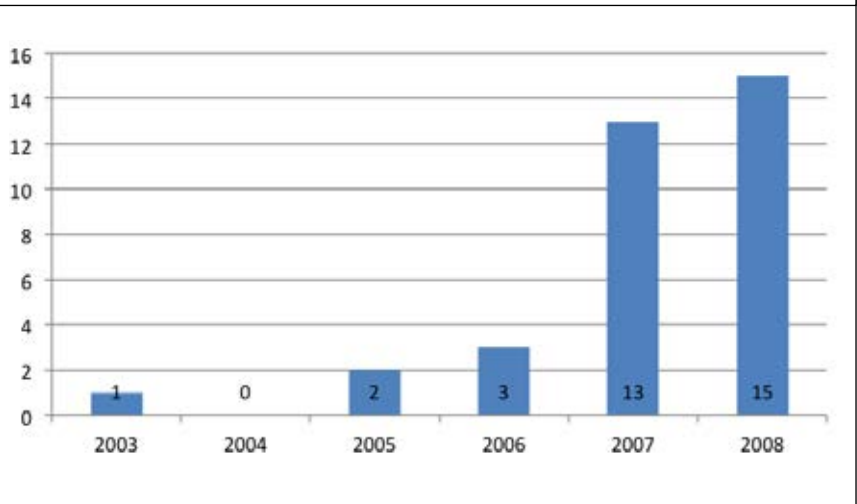


FIGURE 3

DEGREES HELD IN ADDITION TO UNDERGRADUATE MEDICAL DEGREE

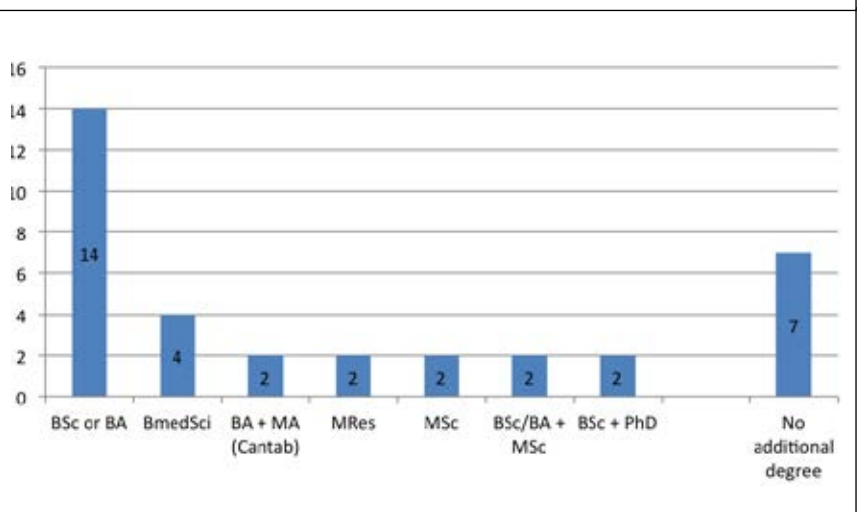


TABLE 1
GEOGRAPHICAL RELOCATION OF CANDIDATES OFFERED NTN_s

Vacancy	Successful candidate	Vacancy	Successful candidate
Defence Medical Services	Military CT2	North Western	West Midlands CT2
East Midlands	London CT3	Northern	Northern CT2
East of England	KSS LAT	Oxford	Oxford CT2
East of England	East of England LAT	Oxford	East of England CT2
East of England	East of England CT2	Oxford	West Midlands ST3
KSS	KSS CT2	Oxford	London LAT
London North Thames	East of England CT2	Peninsula	Peninsula CT2
London North Thames	London CT2	Peninsula	Severn SHO LAS
London North Thames	Wessex CT2	Wessex	Wessex Research Fellow
London North Thames	London CT3	West Midlands	West Midlands CT2
London South Thames	London CT2	West Midlands	Northern CT2
Mersey	Mersey LAT	West Midlands	London CT3
Mersey	Yorkshire CT2	West Midlands	East Midlands North CT2
Mersey	Mersey CT2	Yorkshire NEW	Yorkshire Teaching Fellow
North Western	North West CT2	Yorkshire NEW	North West CT2
North Western	North West CT2	Yorkshire NEW	KSS SHO LAS
North Western	London CT2	Yorkshire South	East of England Research Fellow

21 CT2, 3 CT3, 4 LAT, 2 SHO LAS, 3 academic, 1 ST3
 Black = same deanery
 Red = relocation
 KSS = Kent, Surrey and Sussex deanery

17 candidates moved deanery, 17 stayed in same deanery
 LAT = locum appointment for training
 LAS = locum appointment for service
 SHO = senior house officer

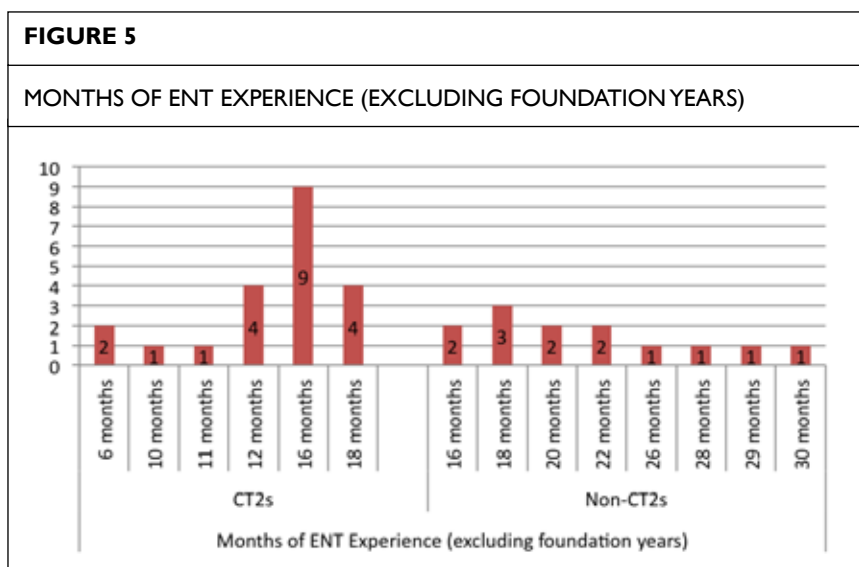
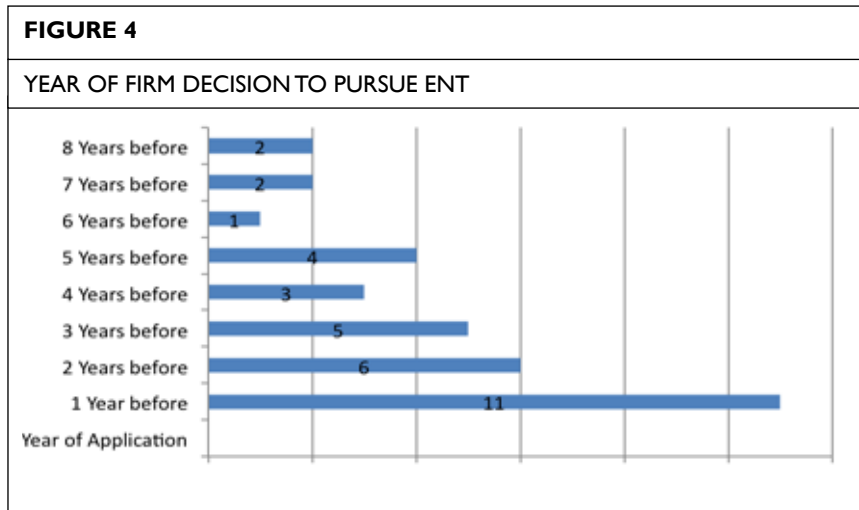
a well-presented and clear portfolio is crucial to demonstrating achievements, organisation and attention to detail.

Competition figures from 2011

After the 2011 national selection, data were distributed by the Yorkshire and Humber deanery regarding the application and interview process. One hundred and sixty-two applications were received via the online application process. Of these only 7 were removed via longlisting and 148 attended interview. At interview 103 candidates were deemed 'appointable' and 32 NTN_s were awarded in addition to 28 LAT positions. This gave an applicant-to-NTN ratio of 5:1.

Of the 2011 candidates awarded an NTN, 13 received an offer in their first-choice deanery, 5 received their second choice and 2 received their third choice. The remaining 12 successful candidates were offered programmes in deaneries outside of their first 3 choices, with one candidate even accepting a number in their 14th-choice deanery.

Of the candidates receiving an offer of an NTN, 20 were at the time in core training posts and 8 were in LAT posts. The remainder were in research or locum appointment for service (LAS) posts. Twenty-three-and-a-half per cent of those receiving NTN_s in 2011 had applied the previous year and had not been awarded an NTN at that stage, demonstrating it is possible for a candidate to improve their CV and interview skills to attain an NTN if initially unsuccessful.



Survey of successful candidates in 2012

In 2012, 155 candidates were interviewed and 34 candidates were awarded an NTN. Candidates were given an interview score out of 340. The portfolio station accounted for 120 of these marks, from which the weighting for different levels of ENT experience accounted 20 marks, with 6–18 months (excluding foundation years) scoring the maximum. The highest overall score achieved was 307. All 34 successful candidates from the 2012 round responded to our survey. The 34 NTN_s consisted of 23 men and 11 women.

Undergraduate background

Figure 1 shows the medical schools at

which the NTN undertook their clinical studies. There is a wide representation of schools, with Nottingham and King's College London School of Medicine producing the most, with four each. One candidate trained abroad (Malta) and undertook FI onwards in the UK. Six English schools with at least a 2008 cohort were not represented (Brighton and Sussex, East Anglia, Hull-York, Liverpool, Peninsula and Southampton).

Year of graduation

Figure 2 shows successful candidates' year of graduation. Only 15 out of 34 candidates graduated in 2008 and therefore had no additional years beyond the standard training pathway. Examples of additional years included a year working abroad, anatomy demonstrating and switching after a year of anaesthetics core training. Only 5 people graduated before 2007; the earliest being in 2003. These data support the suggestion that additional time outside the foundation programme-core training ladder need not exclude candidates from a successful ST3 application.

Additional degrees

Figure 3 shows degrees held in addition to the undergraduate medical degree. Only 7 in 34 did not hold an additional degree; however, only 2 candidates held a PhD. This may suggest that an additional degree strengthens candidates' chances but is not mandatory.

Years of preparation prior to application

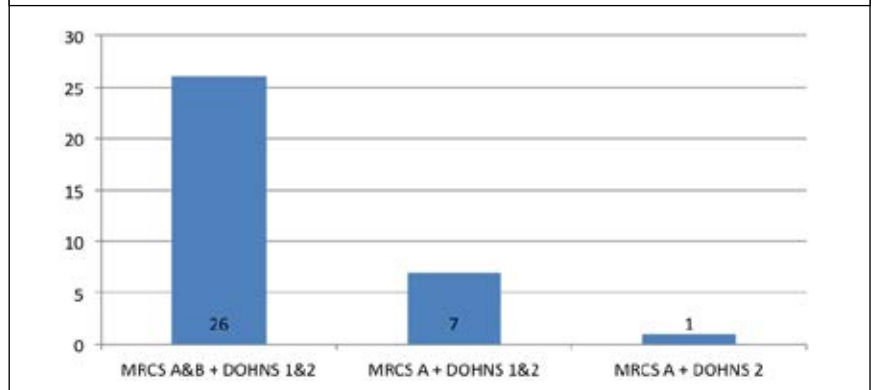
Figure 4 shows when candidates made a firm decision to pursue a career in ENT. Despite the considerable portfolio standard required, nearly a third of candidates only chose ENT in the academic year prior to application, demonstrating that it is possible to succeed following a career change or late introduction to ENT. However, many candidates had prepared several years in advance, with the longest preparation time being eight years.

Amount of ENT experience

Figure 5 shows the number of months of ENT undertaken after the foundation programme (which is how it is measured at interview). The majority of candidates were successful following an ENT-themed core surgical training programme. While the person specification states an optimum as 12 months ENT, only 4

FIGURE 6

COMBINATION OF EXAMS TAKEN TO GAIN RCS MEMBERSHIP



candidates reported undertaking such a programme. The modal value was 16 months and 2 candidates succeeded with only 6 months. Of the 13 candidates applying from beyond CT2, 5 had an experience level that would fall within the CT2 bracket. Eight out of thirty-four reported experience ranging from eighteen to thirty months. No candidates with ENT experience beyond 30 months were successful, suggesting that the level of penalty given to this category of candidates may prevent the likelihood a successful application.

Route to membership

Prior to 2008, ENT trainees were required to pass all parts of both MRCS and DO-HNS examinations. Between 2008 and 2011 it was possible for candidates to gain MRCS DO-HNS without taking the MRCS part B. In 2011 the MRCS(ENT) became available by passing only MRCS Part A and DOHNS Part 2. Figure 6 shows the combination of exams taken by successful candidates to gain RCS membership and eligibility to apply for ENT ST3. Twenty-six of thirty-four still chose to complete all four exams despite this not being mandatory. Only one utilised the new MRCS(ENT) route. Interestingly, there was no distinction made between these candidates at interview. It may be that candidates chose to take more than the required exams in order to remain eligible for other surgical specialties, should their ENT aspirations fail.

The effect of national selection on geographical relocation

Table 1 shows the location and grade of successful candidates and the ST3 vacancies they filled. Half of the 34 were offered posts in the same deanery they

were currently training in, while half accepted posts in new deaneries. Prior to the national method of selection, it was widely thought that deaneries were more likely to appoint candidates who had previously been working in the same deanery and therefore known to the local selectors. Our data suggest that relocation of trainees is more prevalent with national selection. This is likely due to a combination of some candidates' preference to move and others being displaced. Some deaneries are oversubscribed. Data distributed prior to the interviews indicated that approximately one third of the all applicants in 2012 selected first preference for London deanery posts. At the final post-interview ranking, the candidate ranked 17th was offered their first-choice deanery, while the candidate ranked 18th was offered their 6th choice. London and Kent, Surrey and Sussex (KSS) posts were taken by candidates ranked 7 and above; Oxford posts by candidates ranked 13 and above.

Unconventional pathways to an NTN

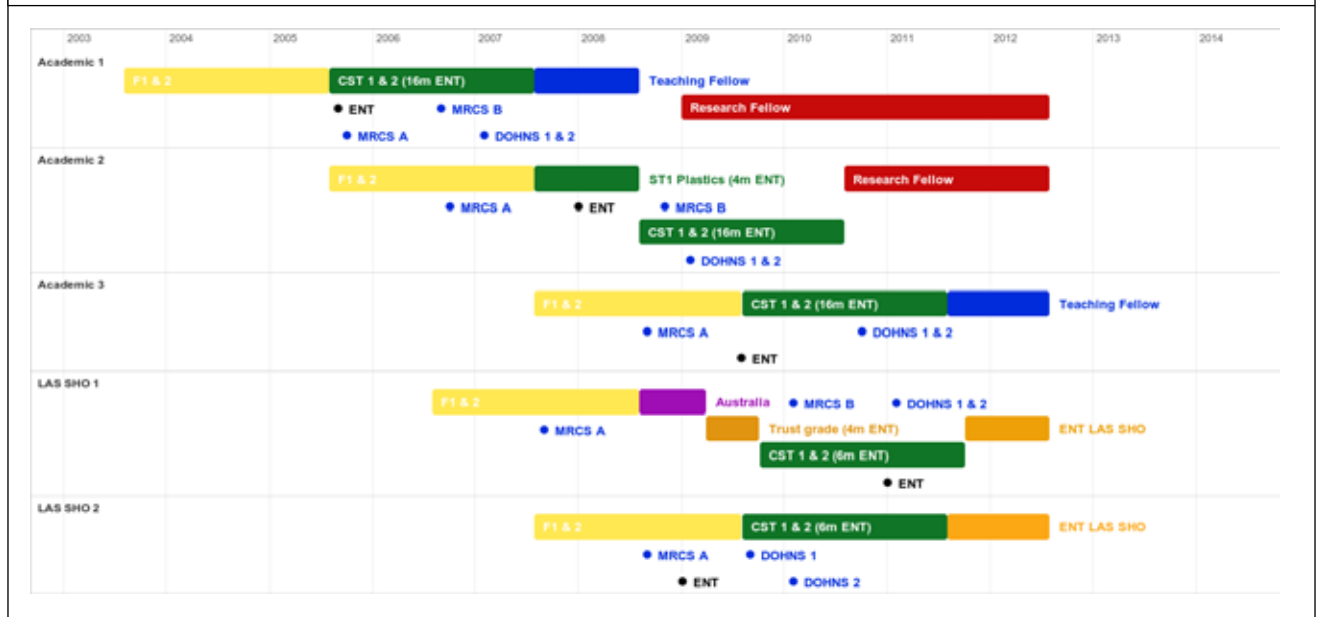
Twenty-nine of the thirty-four candidates were in CT2, CT3 or first year LAT appointments at the time of their successful interview. The career paths of the remaining 5 are shown in Figure 7. While relatively rare, this shows that entry to ST3 from non-training posts is still possible. Two candidates applying from research posts reported applying more than once prior to being successful this year.

Advice from a personal perspective

Trainees set on a career in ENT should start thinking about the ST3 application reasonably early. Getting on to an ENT-themed core training programme is a key career step. It should be noted that the

FIGURE 7

CAREER PATHWAY OF CANDIDATES FROM NON-TRAINING POSTS



availability and allocation process for this varies considerably between deaneries. Candidates should consider this when selecting their desired core training deanery to ensure sufficient experience of ENT and allied specialties and avoid the risk of being placed in a two-year programme with an inadequate ENT duration. It is hoped that this problem will be circumvented in 2014 when it is planned that ENT-themed core training will become a separate unit of application.⁴

Achieving the required exams is only the start and emphasis must be put on publications, presentations and audits as well as prizes, teaching and leadership achievements. The former SAC chair has previously stated that the typical appointed candidate had three first-author publications to their name and this should guide prospective candidates of the standard required.

It must be emphasised though, that the CV is only one aspect of enabling a candidate to be successful. The interview process is equally if not more crucial and it is certainly possible for a candidate with the strongest CV to lose out on an offer by failing to prepare for the interview stations. Likewise, it has been known for a strong performance to compensate for weaknesses in the CV.

The selection interview takes the form of six stations (communication

skills, technical skills, clinical scenario, management, structured interview and portfolio review) each lasting ten minutes. Preparing for the interview should start early and should very much be looked on as preparing for an exam, perhaps the most important of one's career. Private study and preparation is helpful, as is seeking advice from previously successful candidates. There is still a lot of inaccurate advice from those who have not been directly involved in the selection process in its new form.

Candidates should be aware that there is little opportunity for personality or CV quirks to gain much credit at interview if not consistent with the discrete standardised mark scheme at each station. Selection criteria are modified on a yearly basis and candidates need to keep in touch with the latest changes. Joining ENT UK, signing up to the Association of Otolaryngologists in Training (AOT) email newsgroup (www.aotent.com) and joining the AOT core trainee mailing list are all ways of receiving the most up-to-date advice.

Several preparation courses are run and a forward-thinking candidate may consider attending these a year before the interview to allow enough time to bring their CV up to the required standard. Both authors found preparing in a small group with trusted colleagues particularly beneficial. Important sources of information, including the websites

for ENT UK, the Royal College of Surgeons, the General Medical Council, Intercollegiate Surgical Curriculum Programme and Joint Committee on Surgical Training, should all be sifted through to create a candidate's own interview 'syllabus'.

Conclusion

National Selection has become the new model for access to higher surgical training across most specialties. Entry into ENT higher surgical training is highly competitive and candidates must understand what is required to succeed and keep up to date with the ongoing changes taking place in this evolving selection method. Candidates should be aware that owing to limited places and strong competition, relocating from their current deanery may be required. While core surgical trainees make up the majority of successful candidates, it is possible for candidates taking different career routes to succeed.

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