Introduction

Portfolio

Interview

The Surgical Portfolio and Interview

A COMPLETE GUIDE

JOE ESLAND & ANDREW HALL

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JOE ESLAND

BSc (Hons) MBChB (Hons) MRCSEd
Specialty Registrar in Trauma and Orthopaedic Surgery, Edinburgh Rotation
Doctoral candidate and Medical Education Fellow, University of Edinburgh

ANDREW HALL

BMedSci (Hons) MBChB MRCSEd
Specialty Registrar in Trauma and Orthopaedic Surgery, Edinburgh Rotation
Doctoral candidate and Medical Education Fellow, University of Edinburgh

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Preface

This book has been written in an attempt to prevent aspiring surgeons from unknowingly falling foul of the selection processes. This, unfortunately, is an outcome that we have observed far too often.

Every medical trainee knows that obtaining a surgical training post is competitive; however, you learn of this at a stage in your training when it is intangible. How many pre-clinical medical students can honestly say that they have started to thoughtfully curate a surgical portfolio? Yet, it is an important prerequisite to a successful application.

Section 2 of this book describes *what* you need to add to your portfolio and *how* it can be achieved. The advice is pragmatic, with particular attention given to ensuring you create opportunities that generate a proportionate return on your investment of effort and time, as well as how to gain all available credit from them. By following this guidance, the shortlisting score required to gain an interview should simply be a formality.

The surgical interview is an exam – a detail referred to many times throughout this book – but not one that you'll find a syllabus for. Unfortunately, this can lead to a preoccupation with learning the 'knowledge' for the interview, so detracting from the other important quality for performing well on the day: *your interview technique*.

Therefore, *Section 3* of this book has two purposes: first, to equip the reader – either directly or by signposting to suitable resources – with the commonly assessed interview content and, as importantly, to provide tools that you can use to improve your interview technique. We would encourage you to repeatedly utilise these tools when preparing your interview answers and practising their delivery.

If you follow the advice in this book, we are confident that you will significantly increase the likelihood of securing your desired training post. We wish you every success in that endeavour and with your future career.

Joe Esland
Andrew Hall

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Joe Esland

I would like to thank my wife, Rachel, for her unwavering encouragement, support and facilitation of my time-consuming pursuits.

To my dog, Poppy, thanks for being you; your innate ability to entertain and distract has made writing this book during a pandemic an altogether more enjoyable experience.

Andrew Hall

I would like to thank those people who have been so supportive of my own surgical journey to date. Sue, my mum, is unerringly diligent and taught me that "anything is possible if you work hard enough"; Niamh is patient, encouraging, and her quiet counsel is the best support I could wish for. I'm indebted to mentors in the clinical, academic, and sporting worlds. If you think this might apply to you – it definitely does.

How to use this book

Surgery is an interesting, exciting and gratifying career, which offers a wealth of opportunities and experiences that are unique to the profession. It is founded upon a deep understanding of anatomy and pathology – with which you'll be familiar – but, in the acquisition of surgical competencies, doctors must develop a new set of knowledge and skills that are distinct from their prior medical training. **You therefore have to work very hard to obtain the rewards that the career offers.**

Portfolio

Modern methods of candidate selection are seemingly predicated on this point. Simply put, you must show, throughout all stages of your medical training, that you have an outstanding work ethic and achieve highly. If you fail in this endeavour, you will not be selected for interview. This invariably leads to disappointment, years out to bolster your CV and perhaps a change in career.

In *Section 2* of this book we will explain how, by **thoughtfully** selecting opportunities and diligently **ensuring you gain all available credit** from them, you can meet this essential standard. The common pitfalls and mistakes made by candidates will also be described, to help avoid poor output from low quality activities. By following these simple instructions, and so curating a robust academic portfolio, you will put yourself ahead and make shortlisting for interview a formality.

Interview

The surgical 'interview' is not an interview at all; it is an exam. Unfortunately, this is not well appreciated, and we have seen many outstanding junior colleagues perform poorly at interview due to this oversight. Your interview score will be related to your ability to answer in a structured manner, mention the 'buzzwords' and have good foundational knowledge; helpfully, the questions are relatively predictable.

A significant part of this book is therefore dedicated to preparing you for the interview, covering the most commonly questioned themes, and providing structured methods for answering comprehensively. If you learn the content of this book, prepare your answers as described and practise their delivery using the structures provided, you can excel and score highly.

We have provided you with a number of acronyms, for example ROSES and OPALS, that can be used to help you prepare your answers. These are presented consistently throughout the book and you can find them all in full on the inside front cover where they can easily be referred to while practising interview answers.

Use this book as an instruction manual

It is our hope that you use this book as an instruction manual and it is therefore written as such, with strong recommendations made throughout. Of course, that is not to say that the instructions provided herein are the only way of scoring well; they are simply a reliable means of doing so.

If you follow our advice, we are confident that you will significantly increase the likelihood of securing your desired training post.

CHAPTER 6:
Portfolio domains

6.1: Using this chapter

The sections within this chapter address the domains that are assessed in the surgical portfolio and are therefore **responsible for your shortlisting score**. These domains are:

- Research (*Section 6.2*)
- Teaching and education (*Section 6.3*)
- Quality improvement and clinical audit (*Section 6.4*)
- Leadership and management (*Section 6.5*)
- Academic achievements and higher degrees (*Section 6.6*)
- Commitment to specialty (*Section 6.7*).

The intention of this chapter is to demonstrate how you can achieve maximum marks in each domain, as well as to illustrate how you can use these achievements to perform well at interview.

Each section is written following the same structured format and, over the next few pages, the pedagogical features utilised are described.

Golden rules

Every page begins by describing the 'golden rules' that should be adhered to when undertaking an opportunity within that domain. These have been collated by assessing the scoring systems for various surgical applications (such as core surgical training and specialty run-through programmes) to identify the common themes. By fulfilling these criteria, you will maximise the points you accrue for every opportunity that you complete.

6.1.1: Skills demonstrated

The transferable skills – usually referred to as 'buzzwords' – that are developed by undertaking an opportunity are shown in the three groups in the table below. These are included to help you understand the characteristics that you'll be demonstrating when you later describe these achievements, often in 'white space' questions (on an application form) or at interview.

Skills can be divided into three groups:

Apprenticeship ›	Leadership ››	Scholarship ›››
Relating to your clinical duties	Relating to your leadership and management abilities	Relating to your academic performance, in research, quality improvement and clinical audit

6.1.2: Relevance to surgical training

The purpose of completing opportunities in the portfolio domains is to develop transferable skills that will help you excel as a surgical trainee. That relationship is described in this chapter, with the hope that it will give you better insight and subsequently allow you to write more meaningful interview answers.

6.1.3: Getting started

In this chapter, some of the most common activities that often result in good opportunities being created are described. They are subdivided into 'undergraduate' and 'postgraduate', although there is of course some overlap between them.

6.1.4: Example opportunities

The common opportunities that will score you points in your surgical portfolio are described in the table below. They are categorised into good, better and best, with the latter scoring the highest number of marks.

Good ★★★	Better ★★★★	Best ★★★★★
Published in a non-peer-reviewed journal	A publication in a peer-reviewed journal, but not first-author	First-author publication in a peer-reviewed journal of original work
1st-class BMedSci	A 2.1-class intercalated BSc or MPhil	A PhD, MD or 1st-class intercalated BSc
Research presented at local meeting	A poster presentation at a national / international meeting	An oral presentation at a national / international meeting

6.1.5: Maximising yield

Maximising 'yield' relates to how you score the maximum number of marks for every opportunity you complete. The broad principles of how that is accomplished are described in *Section 5.2*.

Those principles are applied here to give you concrete examples of what you should be aiming to achieve.

Common pitfalls

There are many common mistakes within each domain that students and junior doctors frequently make, often leading to poor scoring despite a heavy time commitment. This is largely due to inexperience and they are therefore highlighted in this box.

6.1.6: Resources

Some useful resources will be included here.

6.2: Research

Golden rules

An **original** piece of research that can be **completed within the time frame** available to you. The work must have **clear scope for presentation or publication,** and you must ensure that your position in the **authorship is well defined** from the outset.

6.2.1: Skills demonstrated

Apprenticeship ›	Leadership ››	Scholarship ›››
Detail-oriented	Committed	Conscientious
Inquisitive	Communicative	Critical thinking
Organised		Disciplined
		Self-directed

6.2.2: Relevance to surgical training

Gaining competence in performing and appraising research is **essential for professional development** and the advancement of surgical practice: it is a core tenet of a surgeon's **commitment to lifelong learning**. Surgical registrars are **required to publish** research to complete their training.

6.2.3: Getting started

Undergraduate

- Look to undertake a 'student selected component' (SSC) in surgery, as this will often involve undertaking a piece of research.
- Email your local Surgical Society to ask if they've any available research projects or contacts.
- Speak with your Registrar whilst on placement – they invariably need another pair of hands!
- Consider an intercalated BSc (in surgery).

Postgraduate

- Contact the research-active Consultants and Registrars within the specialty that you're interested in.
- Look for opportunities to get involved in national collaborative research projects, which often require a local lead to collect data.
- Attend Journal Club and consider going on courses / conferences to improve your abilities.
- Consider an MD or PhD.

6.2.4: Example opportunities

Good ★★★	Better ★★★★	Best ★★★★★
Published in a non-peer-reviewed journal	A publication in a peer-reviewed journal, but not first-author	First-author publication in a peer-reviewed journal of original work
1st-class BMedSci	A 2.1-class intercalated BSc or MPhil	A PhD, MD or 1st-class intercalated BSc
Research presented at local meeting	A poster presentation at a national / international meeting	An oral presentation at a national / international meeting

6.2.5: Maximising yield

- Ensure that you are working with a team that have a **proven track record** in publishing research – look them up on a research database to see how frequently they're publishing and the journals they're commonly published in.
- Assist with **data collection and analysis**. Familiarise yourself with the commonly used statistical software, such as SPSS and Prism.
- **Identify early** the meetings / conferences that you could present your work at and ensure that **your timeline works towards these dates**.
- **Look to see if different aspects of the research can be presented at different meetings / conferences.** For example, you may wish to present some of the data at a few student conferences or local meetings, and the 'finished' work at a large specialty conference.
- Aim to present your work at an **international** conference (N.B. this doesn't necessarily mean that the conference is overseas, just that the delegates are from an international audience).
- Ensure that the journal you're publishing in has a **PubMed ID (PMID)** – these publications score higher marks in the application.

Common pitfalls

- **Not saying 'no'** to projects – if it doesn't offer a good return on the time investment, don't do it!
- Not understanding your place in the authorship order
- Failing to plan where you will present your work ahead of time – it is not uncommon for people to have spent an enormous amount of time on a research project, **but it wasn't presented / published *prior* to applications**
- Taking on **too many** projects and not completing / presenting / publishing them

6.2.6: Resources

1. Biomedical Vacation Scholarships (https://wellcome.ac.uk/funding/schemes/biomedical-vacation-scholarships)
2. e-Learning for Healthcare – research modules (www.e-lfh.org.uk/programmes/research-audit-and-quality-improvement/)
3. National Trainee Research Collaboratives (www.asit.org/resources/national-trainee-research-collaboratives/trainee-research-collaboratives/res1137)

6.3: Teaching and education

Golden rules

The most essential requirement is an **ongoing commitment** to teaching and to ensure that it is **formally recognised**. To maximise scoring, **involvement in curriculum design and delivery** is key.

6.3.1: Skills demonstrated

Apprenticeship ›	Leadership ››	Scholarship ›››
Communicative	Conscientious	Determined
Productive	Innovative	Motivated
	Organised	Organised
	Self-directed	

6.3.2: Relevance to surgical training

Surgical trainees are central to the ongoing training of juniors and often deliver formal departmental teaching for FY doctors. It is important to develop these skills to ensure that you're a competent trainer in both the academic and clinical settings.

6.3.3: Getting started

Undergraduate

- Contact your student Surgical Society to look for peer-assisted learning opportunities.
- Contact your medical school faculty to express an interest in peer-assisted learning.

- Set up a student specialist-interest group.
- Look for community outreach projects.

Postgraduate

- Engage in regular clinical teaching for undergraduates.
- Contact the departmental clinical lead who is responsible for undergraduate and/or FY teaching.
- Look for substantive education posts within the local medical school.
- Consider a postgraduate certificate in medical education (PGCME).

6.3.4: Example opportunities

Good ★★★	Better ★★★★	Best ★★★★★
Frequent, informal surgical teaching to juniors and peers	Office holder in a surgical society	Organising and delivering a student course or conference
Undergraduate bedside teaching	Teaching / facilitating on a course	Higher education qualification
	Regular teaching with formal feedback, collected over time	Substantive university post in education and training

6.3.5: Maximising yield

- If you have colleagues in other institutions, liaise with them to try to **implement your programme there, too**; this then makes your programme national, which increases scoring.
- **Apply for funding**, which could be used to fund local speakers or pay for workshop materials. Many places will have a small pot of money put aside for educational purposes. A good place to start is your Student Union, medical school or medical industry.
- Approach your institution to gain **formal recognition** (in the form of a headed letter) of your contribution to education and training.
- Gain **regular formal feedback** (quantitative and qualitative) before and after your teaching – there are many validated questionnaires that are freely available for this purpose. Ensure you write a reflective entry in your portfolio about how you've used this feedback for self-improvement.

- **Present the details of your teaching/education programme** at a meeting, such as the Association for the Study of Medical Education (ASME) or Developing Excellence in Medical Education Conference (DEMEC).
- **Broaden the audience** by involving diverse groups, such as students from a local medical school or different year groups.
- Attend an **educational conference** (e.g. ASME Annual General Meeting or DEMEC).

Common pitfalls

- A high number of hours of **unevidenced** local teaching
- Failure to gain formal **feedback**
- Focusing on a single teaching modality only

6.3.6: Resources

1. Association of Surgeons in Training (ASiT)
2. eLearning for Healthcare (e-LfH) – Educator hub
3. Junior Association for the Study of Medical Education (JASME)
4. Local 'Clinical Educator' programmes

6.4: Quality improvement and clinical audit

Golden rules

An original piece of work that is undertaken using the **correct methodologies**. It is *essential* that it is **'closed loop'**; this means that the changes to practice that you recommend are **implemented**, and their **impact is assessed** in a second cycle. **Present the work** formally at a meeting or conference.

6.4.1: Skills demonstrated

Apprenticeship >	Leadership >>	Scholarship >>>
Professional	Committed	Analytical
Reflective	Detail oriented	High standards
Self-improving	Innovative	Motivated
	Inquisitive	

6.4.2: Quality improvement vs. clinical audit

Quality improvement (QI) describes a set of techniques that can be used to improve healthcare quality through systematic assessment and intervention. There are six 'dimensions' of quality that can be improved:

- ***Safe:*** avoiding harm to patients (*no needless deaths*)
- ***Effective:*** evidence-based care delivering benefit (*no needless pain or suffering*)
- ***Person-centred:*** builds service around patient (*no helplessness in those served or serving*)
- ***Timely:*** care delivered without harmful delay (*no unwanted waiting*)
- ***Efficient:*** cost-effective and without avoidable waste (*no waste*)
- ***Equitable:*** care that is fair to all patients and service users (*no-one left out*)

Clinical audit is simply a subtype of QI, where there is a **specific, exacting, measurable *clinical* 'standard'**, and you look to see if the clinical standard is being met. For example, 'all patients have an MRSA swab taken within 24 hours of admission' or 'all patients with a head injury receive hourly neuro-observations'.

QI projects tend to be patient-centred and have a broad scope, without a specific, exacting clinical standard. Examples might include, 'improving patient experience in the vascular outpatient department' or 'improving the effectiveness of Hospital at Night (HAN) handover'.

6.4.3: Relevance to surgical training

QI is a vital aspect of all modern healthcare systems and is pervasive throughout every specialty. Due to increasing resource and population pressures, **the healthcare service now faces delivering safe, effective care within an increasingly challenging context**. We are well placed as clinicians to assist with this effort and, therefore, there is a **requirement** that all surgical trainees perform at least one QI project / clinical audit per year.

6.4.4: Getting started

Undergraduate

- Look to undertake an SSC that involves performing a QI project – these are becoming increasingly common in the undergraduate curriculum.
- Speak to FYs and SpRs whilst on placement; they are regularly undertaking QI projects and are often grateful for the help.

Postgraduate

- Whilst working as an FY, **look for areas of practice that could be better within your unit**. FYs are very well placed to notice these issues, particularly on the wards. Take your ideas to the SpR or Consultant.
- Most units have a Consultant who is the departmental lead for QI; contact them and ask if you can help with any of the ongoing projects.
- Complete **eLearning** on QI and clinical audit.
- Attend a QI course or conference.

6.4.5: Example opportunities

Good ★★★	Better ★★★★	Best ★★★★★
Demonstrated knowledge of QI principles	Attended a QI course	Completed a QI fellowship, or similar
Participated in a local improvement group	Participated in a regional / national improvement group	Publication or presentation of your work
Involvement in a closed loop audit or QI project	Led a local closed loop audit or QI project	Led a regional / national closed loop audit or QI project

6.4.6: Maximising yield

- Seek QI projects and clinical audits that are:
  - **focused** (address one specific issue)
  - **useful** (are likely to change practice)
  - **deliverable** (at least one full cycle) in a short period of time.
- Look for topics in which there is **departmental interest**, as such projects are more likely to have 'buy-in' from the Consultants and management. This might mean that your recommendations for change are more readily adopted.
- Aim to **present your work** at regional or national meetings. As QI is a hot topic in medicine currently, there are plenty of well-attended meetings available, often with prizes available.

Common pitfalls

- Pursuing projects **without a predetermined goal** or purpose
- 'Picking up' low quality work that has been left uncompleted by another (N.B. conversely, high quality projects requiring completing may represent 'low hanging fruit')
- **Failing to use correct methodology** to complete your projects
- **Failing to complete a second cycle** to 'close the loop'; projects that are not closed loop do not score in the application

6.4.7: Resources

1. Agency for Healthcare Research and Quality (www.ahrq.gov)
2. Clinical Audit Support Centre (www.clinicalauditsupport.com)
3. Healthcare Quality Improvement Partnership (HQIP; www.hqip.org.uk/resource/elearning-area/#.YAQolVP7SqA)

6.5: Leadership and management

Golden rules

Leadership and management are related, but fundamentally different, entities; ensure you understand the difference and create opportunities to develop **in both**.

Leadership and management are core values and behaviours that all clinicians should develop throughout their training. Competence in these areas is assessed throughout surgical careers and *there is a trend towards developing all doctors as clinical leaders*. This is reflected in the increasing emphasis placed on its assessment.

Michael West (King's Fund) provides the following descriptions:

- Leadership: "Creates direction, alignment and commitment"
- Management: "Supporting, resourcing and facilitating day to day work".

6.5.1: Skills demonstrated

Leader		
Apprenticeship ›	**Leadership** ››	**Scholarship** ›››
Enthusiastic	Communicative	Motivated
Resilient	Negotiating	Driven to improve
Adaptable		

Manager		
Apprenticeship ›	**Leadership** ››	**Scholarship** ›››
Empathy	Communication	Attention to detail
Prioritisation	Team player	

6.5.2: Relevance to surgical training

Effective leadership and management skills are not confined to those with aspirations to take senior management roles. All clinicians operate within systems / organisations and these values are important in order to provide effective and cohesive services. Surgeons will find themselves calling upon these skills on a daily basis: as members of ward or shift teams; when providing an on-call service; on surgical firms; in outpatient or procedural clinics, and in operating theatres.

6.5.3: Getting started

Undergraduate

- Apply for local leadership roles; these are often plentiful at university and are an excellent stepping stone to more prestigious appointments.
- Apply for **membership of the Faculty of Medical Leadership and Management (FMLM)**.
- Look for roles involved with **organisation of a medical / surgical event** (e.g. a course or conference), as these will allow you to begin developing skills in management.

Postgraduate

- Look for regional / national roles in leadership. There are many varied roles that involve the representation of junior doctors on committees and societies.
- Attend **specialty conferences and courses** in leadership and management.

6.5.4: Example opportunities

Good ★★★	Better ★★★★	Best ★★★★★
Working in a multiprofessional team	Organisation of local clinical activities (e.g. educational programme, multidisciplinary team (MDT) meetings, conferences)	Leadership and management course attendance
Supervision of junior staff in audit, QI and research	Membership of the FMLM	Fellowship of the FMLM
Leadership or management role in a local / undergraduate society	Leadership or management role in a regional / postgraduate organisation	Leadership or management role in a national organisation

6.5.5: Maximising yield

- Yield in leadership and management tends to come from **your experiences whilst in post**. It is therefore essential that you maintain a portfolio of your experiences, putting particular focus on times you've dealt with complexity, interpersonal challenges within the team and managing austere environments. These provide excellent topics for discussion in interviews.
- Ensure that the committee / society provide you with **a letter confirming your post, the responsibilities thereof** and **your personal contribution**.

Common pitfalls

- Thinking you're only able to demonstrate capabilities in leadership and management by securing a 'top' position; you can demonstrate these skills at any level of training
- Failing to understand the difference between leadership and management
- Not appreciating the need to demonstrate progression throughout your roles
- Failure to demonstrate effective leadership and management in a *collaborative* context.

6.5.6: Resources

1. FMLM: *Leadership and Management Standards for Medical Professionals*. www.fmlm.ac.uk/standards
2. GMC: *Leadership and Management for All Doctors*. www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/leadership-and-management-for-all-doctors
3. NHS Healthcare Leadership Model. www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/

6.6: Academic achievement and higher degrees

Golden rules

Recognise that demonstrating academic excellence throughout the medical degree, as well as having your scholarship recognised through **awards conferred outside the medical school**, is highly beneficial to your future career.

6.6.1: Skills demonstrated

Apprenticeship >	Leadership >>	Scholarship >>>
High standards	Conscientious	Self-directed
Intelligence	Planning	Disciplined

6.6.2: Relevance to surgical training

An ongoing commitment to high attainment is essential to ensure surgical trainees progress towards clinical excellence. Trainees manage high-stake clinical scenarios on a regular basis and their decisions must be grounded upon solid foundational understanding and knowledge.

6.6.3: Getting started

Undergraduate

- Ensure you are well prepared for each examination, aiming for **merits and distinctions**.
- **Understand how your decile is calculated** and aim to **graduate with honours**.
- Identify bursaries or scholarships available to you early: there are many available throughout your training, **especially during your intercalated BSc, your elective or if you're attending a conference abroad.**
- Keep your eye out for **prizes available to undergraduates**, especially from the surgical colleges. These are often in the form of written essays or podium presentations.
- Consider an intercalated BSc and aim to achieve a **first-class honours**.

Postgraduate

- Identify prizes available through the surgical colleges and apply for these.
- Attend **specialty conferences** – there are often many prizes available.
- Consider an **Academic Foundation Programme**. Although it doesn't gain more marks alone, it may offer better opportunities that will improve your portfolio.
- Consider taking time out to undertake an MSc, MD or PhD.

6.6.4: Example opportunities

Good ★★★	Better ★★★★	Best ★★★★★
Gaining a scholarship or bursary	Graduating with Honours	National prize in surgery
Single merit, distinction or local prize	Multiple merits, distinctions or local prizes	Higher education qualification
An intercalated BMedSci	MSc or 2.1 in an (intercalated) BSc	First-class BSc, MD or PhD

6.6.5: Maximising yield

- Ensure you keep an accurate academic transcript.
- **Sign up to newsletters** from the surgical colleges and associations, which often contain a wealth of information about bursaries, scholarships and prizes.
- Apply for **many** bursaries / scholarships / prizes; **you only need success with a few** over the years to maximise your scoring.
- **Conferences are excellent opportunities** for point scoring; they show commitment to specialty, facilitate presentation of your work and usually offer many (student) prizes.

Common pitfalls

- Failing to recognise the importance of your academic achievements **relative to your peers**
- Failing to recognise that an intercalated BSc is **highly regarded in postgraduate applications**
- **Being unaware** of the available bursaries, scholarships and prizes available and, importantly, the **time of year that you need to apply**
- **Not giving yourself enough time** to put together applications

6.6.6: Resources

1. Association of Surgeons in Training (ASiT). www.asit.org/resources/grants-awards-bursaries
2. Medical Schools Council (MSC). www.medschools.ac.uk/studying-medicine/medical-student-electives/elective-bursaries
3. Royal College of Surgeons of Edinburgh (RCSEd). www.rcsed.ac.uk/professional-support-development-resources/grants-jobs-and-placements/research-travel-and-award-opportunities/student-bursaries
4. Royal College of Surgeons of England (RCS). www.rcseng.ac.uk/careers-in-surgery/medical-students/prizes-for-medical-students/
5. Royal Society of Medicine (RSM). www.rsm.ac.uk/prizes-and-awards/prizes-for-students/

6.7: Commitment to specialty

Golden rules

Show a **sustained** commitment, by providing evidence of **continued** engagement in relevant activities across the **breadth** of the portfolio themes. The goal is to acquire an **in-depth understanding** of the specialty and to **develop the personal and professional characteristics** needed to excel within it.

6.7.1: Skills demonstrated

Apprenticeship >	Leadership >>	Scholarship >>>
Honest	Committed	Determined
Productive	Conscientious	Motivated
Professional	Disciplined	Organised
Reflective	Interested	
	Self-directed	

6.7.2: Relevance to surgical training

Surgical training is a long and demanding process and so **it is essential that those appointed are insightful and well-equipped enough to complete it.** This is not just important for the trainee, but also the surgical workforce in general. Assessors therefore seek evidence that the decision to apply has come following **careful** consideration of the nature of the training programme, the specialty, and its appropriateness to their character, skill set and expectations.

6.7.3: Getting started

Undergraduate

- Perform well in your exams.
- Undertake your SSCs in anatomy and surgery.
- Join the surgical societies and seek election to their committees.
- Attend courses and conferences in the relevant specialty, looking to present work there.
- Aim to complete and publish at least one research project, QI project and clinical audit.
- Consider an intercalated BSc (in surgery).
- Undertake a surgical elective.
- Maintain a surgical logbook.

Postgraduate

- Appraise your portfolio's weaknesses and address these specifically.
- Undertake surgical FY rotations; this can open doors to publication, QI projects, audits, teaching opportunities and 'getting your face known'.

- Attend surgical courses (e.g. basic surgical skills course, ATLS, CCriSP) and conferences.
- Sit MRCS Part A.

6.7.4: Example opportunities

See the individual sections for domain-specific opportunities.

6.7.5: Maximising yield

- Start early.
- Be interested and enthusiastic.
- Engage in pursuits that address the **full range** of portfolio domains.
- Look for opportunities to **fulfil multiple portfolio domains with a single project**.
- Create a coherent portfolio 'narrative' which demonstrates a clear and developing commitment to the specialty.
- Read specialty-specific 'person specifications' and tailor your portfolio accordingly.
- Keep a record of your pursuits.

Common pitfalls

- **Overcommitting time to *clinical* endeavours**. Although these are of course valuable, they score comparatively low when compared to academic pursuits. Therefore, **ensure your efforts are equally shared** amongst the different portfolio domains.
- **Being excessively focused on a specialty too early** in your training may be detrimental, as it's common to change your preference of specialty. Consider undertaking more general surgical pursuits initially, before becoming increasingly focused as a senior medical student / FY doctor.

6.7.6: Resource

1. Core surgical training person specification (https://specialtytraining.hee.nhs.uk/portals/1/Content/Person%20Specifications/Core%20Surgical%20Training/CORE%20SURGICAL%20TRAINING%20-%20CT1%202021.pdf)