How I got a Plastic Surgery training number, and how you can too!

So you're a core trainee, working hard, probably tired, and starting to wonder what exactly you need to do to get into Plastics at ST3. Maybe you've heard horror stories about the competition ratio, or maybe you're just trying to figure out what "counts" when it comes to your portfolio.

I've been there, and if you're sitting there thinking you've left this too late, let me tell you right now – you haven't.

I didn't decide to apply to Plastics until the end of CT1, which some would consider "late to the game". Most of the people I was up against had been planning this since med school, had more experience in the specialty that I did, plenty of research under their belt, and I felt like I was scrambling to catch up. When I started thinking seriously about applying to Plastics, I felt overwhelmed – not just by the sheer amount of work needed for the portfolio, but also by how much pressure is placed on that one interview day. But here's the thing: it's still possible.

So, if you're planning to apply for Plastics ST3, this is for you. I'll walk you through how to build your portfolio, what to expect at the interview, and how to play to your strengths.

First things first, what's the process?

ST3 recruitment for Plastics is done nationally, as with other specialties, through Oriel, and it follows a fairly structured process:

1. You apply and fill in a self-assessment portfolio assessment form
2. If your score is high enough, you get shortlisted for interview
3. You attend a virtual interview
4. Your final ranking is based mostly on your interview, with some proportion made up by your portfolio score
5. Jobs are allocated based on that final rank and your preferences

Now here's the key point: the **interview is everything.** The portfolio gets your foot in the door. The interview gets you the job.

Nicole James

The portfolio – what you need to get shortlisted

Here's a quick breakdown of the main sections and some personal reflections on how I approached them (refer to this webpage for further details on each section – it is accurate as of the 2025 recruitment cycle):

1. Surgical experience and competence

This is a high-yield, specialty-specific section. It covers your operative logbook and WBAs on ISCP, split into three key domains:

- **Hand trauma**
- **Burns**
- **Skin cancer**

Each domain is further divided into graded sub-procedures, increasing in complexity. For example, in hand trauma, you have:

- MUA for hand fractures
- K-wire fixation
- ORIF metacarpal fractures
- ORIF phalangeal fractures

To get the top marks, you need:

- **3 WBAs per domain, including the sub-categories below the one you are claiming marks for**
- At least **1 WBA at Level 3** for each sub-category signed off by a **Consultant**

Tip: Start early and be meticulous about keeping your ISCP up to date. I created a checklist, and made it my mission to get at least 1 WBA done per theatre list. You'll need to upload the screenshots of all your 3 WBAs for each subcategory, so whenever you have WBA signed on ISCP, I would take a screenshot and collate them all into a single document contemporaneously. You also have to upload PDF documents of your elogbook demonstrating the total number of STS, STU and P cases for each subcategory. Don't wait until the portfolio uploading deadline before you start doing so as you'll realise this section of the portfolio probably takes the longest time to organise.

2. Audit

Only **Plastic Surgery-specific** audits count here.

To score maximum (two points):

- It must be closed-loop (you've measured change after an intervention)
- You must be **first or joint-first author**
- You should present it locally or regionally
- You should ideally have an Assessment of Audit (AoA) WBA signed by your supervising consultant

Nicole James

I did an audit on skin lesion excision margins during my Plastics rotation and looped it within 3 months. It wasn't flashy, but it hit the criteria and counted.

Tip: I attached my presentation slides for both my local clinical governance meeting and poster presentation at a national conference, as well as a letter signed by my supervising consultant confirming that I was joint-first author, plus the WBA on ISCP, and scored full marks for this section.

3. Teaching and Training

There are two main ways to score:

- Writing a whole surgical textbook (for max points), book chapter or formal educational material (e.g. creating an e-learning module)
- Holding a formal teaching position, e.g. anatomy demonstrator, medical school tutor, etc. (must be full-time to score marks)

Tip: Note that self-published books will be assessed based on merit and not necessarily guarantee full marks. Writing a book chapter scores you the same amount of marks as a full-time formal teaching role (<6 months) – the former arguably takes a much shorter period of time to accomplish, so play smart and plan ahead regarding what is the most efficient way to score you points.

4. Management/committee/leadership experience

This section is pretty self-explanatory – the wider your audience, the more marks you score. The committee does NOT have to be Plastics-related.

Tip: I attached meeting minutes (to demonstrate active involvement in leadership, not just passive membership), letter from a supervising consultant confirming my role, screenshots of previous newsletters and webpage clearly demonstrating my role to help me score full marks.

5. Higher qualifications (medicine-related and non-medicine-related)

You definitely do NOT need a PhD to get into Plastics training. Note that the latter is a separate-scoring category. It rewards postgraduate qualifications in areas outside direct medicine, such as medical education, leadership, MBA. If you've done a PGCert in teaching (many deaneries offer this alongside teaching fellow roles), you can claim points here.

6. Publications

Nicole James

These are scored based on authorship and impact factor. If you are a first author, you get 100% of the journal's IF, and for co-authorship, only 50%. **Letters (of original research, not a comment/reply) only count if the journal has an IF >20.** So one first-author paper in a journal with an IF of 3.5 = **3.5 points**. Two co-authorships in IF 4 journals = **4 points total**.
It's worth strategically targeting high-IF journals, but don't let that stop you from submitting. Even smaller surgical journals add up. Only PubMed-indexed articles count.

7. Presentations and posters

It is not clear how marks are rewarded exactly for this section, but only oral/poster presentations for which you are first author, and presented at either national and international level count.

Tip: Evidence for each presentation should ideally include: 1) email or any correspondence regarding abstract acceptance to the specific conference; 2) conference programme highlighting your name as the presenter; 3) presentation slides/poster; 4) certificate of presentation.

8. Collaborative research

This is, in comparison to others, a relatively low-effort, high-yield section. You get points for being named as a collaborator on two national collaborative projects. 2 projects = 1 point. Note that they must also be published in PubMed indexed journals to count. There are plenty of collaborative research often publicised by societies/organisations via X, Facebook, etc.

Tip: The RSTN runs collaborative research projects for trainees interested in plastic surgery all year long. The only thing to bear in mind is collaborative research often takes years from data collection to publication, so it's worth getting involved in one sooner rather than later.

9. Principal Investigator (PI) role

I looked up NIHR recruiting trials, searched for those running in my trust, reached out to the local PI and asked to be mentored as an Associate PI. Many consultants are happy to support enthusiastic juniors. You might help with data collection, screening patients, or ethics applications, depending on what is required at your trust. Click here to find out more about the NIHR API scheme.

Tip: An API certificate should suffice as evidence for this.

Nicole James

Final thoughts on the portfolio

Your goal with the portfolio is to present all relevant evidence in a neat way so that there is zero ambiguity on the assessors' part in giving you the marks you should score. Remember, you don't need to max out every section, and you only need to score enough to get shortlisted.

Nicole James

Now for the interview…

It's made up of **three stations** – Clinical, OSCE (Consent and Call the Boss), Structured Interview. The only way to do well for the interview is not just to practise, but to practice ALOUD, and under timed conditions. It's one thing knowing lots, it's another to explain it clearly and succinctly under pressure. Having a study buddy/small study group is key. In the lead up to the interviews (approximately 6 weeks before), I practised every day, for at least several hours, with a friend/colleague. I also recorded myself and listened back, which helped me catch habits like rambling, using certain filler words, hesitating.

1. Clinical

This is essentially a verbal walk-through of a clinical case. You'll be given an image (sometimes with a stem), and are expected to talk through your assessment and management plan. However, do NOT go through the whole A-E (simply mention I will manage as per ATLS +/- EMSB in structured A to E manner; once patient is stable…). Common topics (non-exhaustive):

- Emergencies – open LL fracture, compartment syndrome, nec fasc, mangled hand, flexor sheath infection, horseshoe abscess, digit amputation/ring avulsion, failing flap, high-pressure injection injury
- Other common plastics referrals – pretibial laceration/haematoma, facial trauma, extravasation injury, paediatric fingertip injury
- Burns – resus, adult vs paediatric, inhalational, electrical, chemical, toxic shock syndrome
- Hand trauma – tendon injuries, various fracture management
- Skin cancers and reconstructive options
- Wounds – sternal wound, pressure ulcers
- Elective hand – carpal tunnel, Dupuytren's
- Aesthetic – breast recon (augmentation, reduction, gynaecomastia)
- Other (possibly less common but definitely worth knowing) – peripheral compression neuropathy (upper limb), oral cancer, abdominoplasty, pinnaplasty

The key to do well for this having a good **structure**. Describe the photo → **state clearly if you are worried, and why specifically if so within 30 seconds +/- your differential** → **key points** in history → exam → investigations → management → describe operative steps (if applicable). The key is to show the assessors that you are aware of the potential **urgency** of the situation. You should aim to finish all the above within approximately 3 minutes, so that leaves the assessors time for them to ask you questions that will help differentiate you from other candidates, and to score full marks (8 marks x 3 assessors = total 24 marks for each clinical scenario). Speak confidently,

Nicole James

it's more about logical reasoning and you don't have to be perfect – just be safe, clear, and structured. If you'd escalate in real life, say so.

2. OSCE

You have 5 minutes in total to read the scenarios for both the Consent and Call the Boss OSCE stations. It is crucial that during these 5 minutes you jot down **key details** as the stems will be removed once the time is up – if you neglect these details, you will be marked down. I would suggest spending 2 minutes of the prep time on Consent, and the remaining 3 minutes on Call the Boss, as the latter often contains much more information. What I found helpful was to pair up with a friend, have each of us come up with Consent and Call the Boss stations closer to the actual interview (perhaps from 1 month prior), and then time each other as we read through the scenarios for both stations, jumping straight into the interview after. This helps to mimic the actual interview and make us get used to picking out key information within the time limit.

Consent – This is a relatively "easy" station as it is more "predictable". The key is to make it sound natural like you are doing it every day (e.g. make sure to say "I" not "we", and there are phrases that you may pick up from your senior colleagues specific to different procedures which will signal to the assessors that you have consented a patient for a similar case in real life before). The mark scheme for this includes the following – description of operative steps and operative plan, risks and complications, overall communication – so make sure you cover each area adequately. You will be given a stem for this station and often there will be circumstances unique to the patient (e.g. diabetes, on anticoagulants, their occupation, etc.) that you will have to mention to tailor your consent to that patient in order to score top marks. I prepared spiels for most of the common consent stations, recorded myself, and played them on loop whilst on the go, to help me remember all the key things to mention.

Call the Boss – Here, they are testing communication, escalation and judgement. Common scenarios will be the common plastic surgery emergencies (as per the clinical station). Within the 5-minute preparation time, write you **intro line (within 20 seconds) – state clearly whether you want them to come in or advice, why and what for.** This needs to be punchy as you need to grab their attention. Then use SBAR to communicate the rest of the story. Often the scenario may contain lots of irrelevant information or may be complex, try to stick to your structure as ultimately you want to sound organised and organical. Re-order the information and mention only what is relevant e.g. list abnormal obs, bloods, red flags (e.g. septic with Kanavel's signs 4/4, pulseless limb, circumferential burn, etc.). Do NOT make up information that is not mentioned in the scenario. The key for this is to practice with your senior colleagues, ideally consultants – on-calls are perfect for this!

Nicole James

3. Structured interview

Don't underestimate the amount of time needed to prepare for this section and definitely don't leave this till the very last minute! You will be asked 2-3 questions covering these common areas (but not limited to): audit, research, management/leadership, teaching, risk management, ethics. As for my preparation, I wrote a list of my top 10 "portfolio stories" (e.g. a research project I'm proud of/can be improved on, an impressive/bad audit, a successful teaching session, etc.), then, practised telling each one using the **STAR** format. I tried to tie each story back to core values they're looking for e.g. focus on patient safety, teamwork, leadership, communication, initiative, etc. They may also ask for definitions e.g. clinical governance, clinical audit vs QIP vs service evaluation, EBM, risk management, etc. so I prepared flash cards for these too. I think the key to scoring well for this station is to be authentic, let your personality shine through and show genuine enthusiasm for the specialty – after all, at the end of the day, they're not just scoring your achievements and they're deciding if you're someone they'd want to work with!

Resources

- **Guidelines** – the ones that you MUST know are the BOAST for open LL fracture/compartment syndrome, EMSB, BAD guidelines for BCC/SCC, NICE guidelines for melanoma, BSSH/GIRFT for various hand trauma/conditions, BAPRAS/BAAPS commissioning guidelines for breast reduction, MWL body contouring surgery, pinnaplasty
- **Textbooks** – Grabb and Smith, Green's, Janis, Key Note. I started reading these in the middle of my CT1 Plastics rotation, to gradually build up my knowledge base
- **Websites** – Plastics Fella (good for reading on the go/in between cases), Orthobullets, PGVLE (where the CST national teaching webinars are, there is a Plastic Surgery National Online Learning Programme for Plastics SpRs that you can enrol in and watch relevant webinars)
- **PLASTA** – sign up for free membership, has amazing webinars (they have a series on ST3 preparation which I found incredibly helpful to hone in on the important topics, as well as some relevant ones from the FRCS series). I also signed up for the annual PLASTA conference in December where they had mock interviews in small groups with Plastics registrars
- **Courses** – the only courses which I attended were the mock interviews organised by PLASTA, and a paid one by Doctors Academy (note: the CTF does not endorse this). I believe ASiT also runs a free mock interview day for ST3 applicants, but I didn't manage to sign up for this one
- **My senior colleagues!** – they have all been through the process, they know the pitfalls, and what exactly it takes to ace the ST3 interview. These mock sessions with my seniors were the most valuable part of my preparation and where I learned the most.

Final thoughts

If you're applying to Plastics and only just getting started, it is never too late. With some strategic planning and real focus during your training, you will get there. You don’t need a perfect portfolio. You just need to tick the right boxes, then smash the interview. If you're determined (and with a small amount of luck), you can get that training number. All the very best!

Nicole James