ENT ST3 application - short guide from someone who applied in 2024/2025

Congratulations on choosing to apply for ENT. It's without a doubt the best speciality, most people just don't get any experience of it so it remains a relatively well-guarded secret.

Portfolio

The bread and butter of the portfolio is the same for any speciality – looking at the requirements in advance, starting early, and being wary that the requirements tend to change most years. The selection committee have said they are moving the portfolio away from high quantity/low quality towards low quantity/high quality projects. The year before my year, candidates were rewarded for a ridiculously high number of audits, presentations, and papers. This incentivised low quality, high volume work. They rightly identified that this benefits no one, and have changed it – for publications, for example, they only wanted your best two publications, and took your authorship position and the impact factor into account. They only wanted two audits, best two presentations etc. This change, in my experience, was generally very well received by candidates. It seems unlikely they will be changing this general structure for a few years.

The other change they made is increasing the marks available for operative competencies. This was to shift people away from spending their core training years doing audits, and towards spending time in theatre. Again, this was very well received, and while they might change the numbers/specific procedures a bit, I would imagine the general structure of high quality projects, and increased volume in operating, will remain.

My piece of advice would be to make sure you have the basics ticked off. In my year, the difference between getting an interview and not was essentially if you had all the simple stuff completed – two good audits, two good presentations, a teaching course, a publication or two (with perhaps one as first author), and all the operating numbers (which for my year were quite attainable in 6-8 months of a good ENT job). If you had these ticked off then you'd get an interview without higher degrees).It is likely that the bar for interview will increase this year as people have more time to prep for the new requirements, but either way, getting those basics nailed will probably still be enough.

Oliver Skan

Numbers

In my year I think around 250 people applied – it's the first year they had too many candidates to go through everyone's portfolios so they had to have a longlisting cut off of self assessments. They went through around 200 people's portfolios, listing around 90 people for interview. In the first round of releases there were about 40 jobs – although its expected that will increase a touch before the start date (the year before there had been around 60 jobs nationally) Its worth bearing in mind that MRCS(ENT) is no longer running from 2026, so once this happens everyone will need MRCS part A and part B. This will probably increase the number of applicants slightly for ENT as you no longer need a unique exam to apply. That said, with the operative requirements, it would be difficult for anyone who has not really committed to 6-8 months of ENT to have all the operating maxxed out, without which getting an interview would be tough.

Oliver Skan

Interview Prep

The same general advice as would be applicable for all specialties: start early (I would say people started anywhere between 4 and 2 months beforehand), make a group of likeminded people, practice regularly, practice with people who have recently been through it, and practice under exam conditions. Consider attending a course if you have good grounds to believe its actually worthwhile – check before you buy. Just because someone got a training number doesn't necessarily mean an online teaching course with them for 6 hours or so is worth hundreds of pounds.

Its important to remember that ENT is a relatively small world. Be collaborative with people as it really does pay off. If you get a number this year or in two years time, these will be your future colleagues. Spread your net as wide as possible in gathering advice about the interview from as many people as possible. I was surprised at how supportive the general atmosphere even was amongst applicants, which is something that sets ENT out from other specialties. Trying to go at it alone is unlikely to pay off.

Resource wise for the clinical scenarios, most people based their revision around a basic FRCS syllabus – Manjaly's FRCS book was pretty popular amongst my cohort. Its worth stressing you absolutely do not need FRCS level knowledge, but it's a useful guide to the sorts of topics you would want to have covered. Ultimately prepping for the interviews helps you in your day job a fair amount if you're doing ENT, so it doesn't feel like time wasted.

The other stations were a communication skills station with an actor (e.g. explaining and apologising for a mistake) and a professionalism station. The former can be prepped for pretty effectively by coming up with awkward scenarios for your colleagues to have to enact. Think 'grommet has fallen into your child's middle ear' and the like. These can be difficult scenarios, but are aimed at the sorts of things you might be unlucky enough to encounter, so don't' think too left field. Remember that you aren't prepping so that you have done the exact scenario that comes up before – there is basically 0% chance of that – you are prepping so you are used to thinking on your feet, while still putting the basics into every scenario (apologising properly, giving them time to speak, directing patients to PALS, explaining the clinical governance process for mistakes, detailing the follow up plan etc). I would encourage you to practice these with as many people as possible – after a while practicing with the same people you start to get a bit too comfortable with them and the scenarios become too routine. I think it's important you practice this scenario while feeling uncomfortable to mimic the real thing.

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Prepping for the professionalism station is a little harder. The way we went about it was pretty standard for applicants – we had a rough structure that could be applied to any of these stations. It started with an opening gambit highlighting the issues at hand, then we gathered more information from the different stakeholders involved, thought about short term actions to sort the problem at hand, thought about long term actions to stop it happening again, and tied these into clinical governance (audit, teaching, M and M etc). This kind of rough framework can then be applied to any scenario (think overbooked clinics, inadequate training opportunities, equipment issues causing theatre cancellations etc).

The scenario we got on the actual day seemed like a standard professionalism scenario, but it then rapidly turned into a full blown clinical scenario, so it was pretty hard to know what they were looking for on the mark scheme, and a lot of people scored very low on this station because of this. I think the learning point here is probably just to be prepared for the unexpected, and be able to pivot and change direction quickly in a scenario if you get the impression it is leading elsewhere. I still think revising a basic structure for the professionalism stations is important, as when you are having to think on your feet its more important than ever that you have a structure you can fall back on to make sure you haven't forgotten the basics.

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On the day

The advice on the day would be the same you've heard before for other interviews – be well rested, check your set up/lighting, have an internet connection backup etc. From my experience I would say the most important thing is just to take your time within the stations. This feels counterintuitive as the scenarios are time pressured, but the reality is its much better to take an extra 5 seconds thinking about your response than it is to go charging down the wrong path. The mark schemes are very prescriptive, and barring the more nebulous 'global impression' score, the marks seem to be for pretty binary things that you do/do not mention. This means that barrelling down the wrong line, which is really easy to do because you're nervous and have so much learnt information pinging around your head by the time of the interview, can really hurt your marks. The interviewers should try to gently bring you back onto the correct path but the extent to which they do this is variable.

My overall impression from the day was that nothing they asked about was particularly complicated – even the most advanced follow up questions for the clinical station (which I personally didn't get on to but a colleague of mine did) weren't that complicated. The main challenge is in knowing what they want you to say. This is genuinely really difficult, and relies on your being alert to any cues that the examiners are giving you.

As a general rule if you've said something once, there are going to be no marks for saying it again, so if you're being pushed on a point take a breath and think about what other approaches you can take to answering it. Equally, if you remember something later on in a scenario, just say it – you'll have covered another tick box on the mark scheme.

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Final points

Finally, it goes without saying that the application process is far from perfect. In my year there were some exceptional candidates who just got unlucky on the day of the interview; either they didn't do themselves justice, or they felt they got unlucky with the examiners and what marks they were awarded. They are still exceptional candidates. All you can do is give it your best shot and keep in the back of your mind that not getting the job you want that year really isn't a measure of how good a clinician you are. There's a huge amount of luck in the process and all you can do is prep to put yourself in the best position possible coming into the process, and then just roll the dice.

Oliver Skan