Intro

Firstly, it's a competitive process, but almost all the participants would be capable ST3s, and it's not just one thing being selected for (current ability — well, then choose all the trust grades who can already operate; potential — choose the talented CSTs; motivation/passion — create some very difficult steps that require persistence). It seems to select for all and none of these criteria, and a key goal is to filter out those not ready yet to be a registrar.

Each time you go through a selection process it can really wear you down. You have to suspend your "life" for months. It is normal to feel resentful; God knows how many times all of us swung between despondent sadness and "OK, if I don't get in I'm quitting and doing some other much easier, better-paid job." The years of MRCS, portfolio grinding, and then the interview can be a real test of determination.

Now a few more positive notes. Your efficiency, resilience, and focus will increase immensely once you get through it all. You are finally doing an assessment that will truly benefit you the more you revise for it. It is assessing your knowledge of the absolute bread and butter of Urology, and you will need to devise a structured, comprehensive approach to each of the presentations/pathologies/theatre cases that will be immediately retrievable in memory. This is an essential component of being a capable ST3. Achieving a degree of mastery will also bring you deep satisfaction at the end of all of this.

Kiran Saini

Portfolio

This element is self-explanatory for anyone who has previously applied for CST. It should be done as quickly and efficiently as possible. It is a hoop-jumping exercise in part, and quality does not currently factor in Urology.

The most important things for this stage are:

- Come up with a (flexible) plan as far in advance as possible, preferably at the start of CST. Print out the specification, work out what you need, and a plan to get every single point available to you. Also be realistic about when you can do MRCS, and do mandatory courses around this.
- Maximise your yield of points earned relative to time spent.
- Read the specification forensically and then look for exactly how they may try and "steal" points. They aren't trying to do that; they want you to succeed. But you should behave as though the person marking the portfolio is adversarial, and you'll then not be caught off guard. Losing points you earned may be the silliest way to miss a training post or interview.
- As ST3 is quite competitive, most people have most points, so you should look for areas that are harder to access (e.g., national prizes) and devise strategies to get these points (e.g., essay competitions) if you are confident in covering all the basic points (level 4 in all relevant procedures).
- Publications are hard; do not fret. Your career would be much better served trying to find some sincere research opportunities with a genuine lab. Read this — https://homepages.inf.ed.ac.uk/wadler/papers/firbush/hamming.pdf (You and Your Research by Richard Hamming) — if you are wondering what to research and with whom. This requires a lot of effort, thought, and time. In short, you should choose an area actually tackling a major issue in your field; you should work with someone great at research (cf. Apprentice to Genius — https://gwern.net/doc/science/1986-kanigel-apprenticetogeniusthemakingofascientificdynasty.pdf). But this isn't realistic for most people, and so you want to find projects early that have low time requirement and a quick turnaround (trying to start a clinical trial in CST isn't likely). Agree at the start who is doing what and what the "reward" split will be, in writing preferably.
- Volume, volume, volume — if you write a paper, make sure it's made into an abstract for conferences first. Poster, presentation, and paper out of every work.
- Audits are about speed and volume. So don't get dragged into long multi-cycle audits with huge-volume data collection unless you are interested in them already. Show up with a question and a written plan for how you'll do the audit. If

you start planning and think, “This plan will require me to look at multiple sources/modes of data and take dozens of hours,” stop and start again.

- Your written plan should be a few pages and include the following headings:
  - The research question — i.e., what audit/QIP you want to do.
  - Why this is an important question — i.e., is it a problem in your department, was there an incident, did you notice something, or is it just a national standard that needs auditing.
  - What standard you are comparing to: source and target to meet.
  - Methodology: design, population (inc/excl criteria and n), timeframe, exact data fields/data collectors and data sources (preferably one only).
  - How you will analyse the data.
  - Limitations.
  - Cycle 2 — you should have a rough draft of what this will look like in mind if you want to quickly do two cycles.
  - Where you will present it (locally, and named target conferences with their submission dates).
  - Registering the audit.
  - Your expectations from your supervisor: support, advice, written letter to say you did it per the ST3 spec.
  - Quick sanity checks: Is the question answerable with the data you can realistically collect? Can the actions be implemented within your department’s remit? Do you have a named consultant sponsor to unblock issues?

Interview

The key elements of preparing for the interview are resources and time. You should be preparing for the interview for as long as possible. Most of my colleagues began the second they submitted their portfolio in December and steadily ramped it up, but I think dabbling in prep from even earlier would be a useful strategy, as the more you prep the more you learn on the job. Every day at work becomes a revision day if you have started to develop structures, templates, and have some base knowledge.

Kiran Saini

Resources

The most important resource is to find the most capable person you know who is also revising and practice with them. You want people who are extremely capable, but also who will give honest feedback and actually help you improve. If they aren't doing this initially, coach them into it by repeatedly expressing you want hard feedback, with concrete examples of where to improve.

The next most important resource is your seniors. If you work hard all year, you will have built up a lot of goodwill and now you need to cash it in. Go to every registrar and ask for a timetabled moment to practice with them one day/evening. Best bets are new ST3s and recent FRCS people as the knowledge is fresh. Next, do the same for all your consultants. Do not do this until you have actually learned the base material, or it won't be helpful.

Finally, the wider community of applicants. Stay in touch with as many people applying as possible and you'll hear about tips, have more people for practice, and have people to go through it all with you.

Kiran Saini

Online

- Medibuddy — fine, not much depth. Revising to depth is important as it makes your understanding of "why" much more solid, and this reflects in the confidence of your answers (even if you aren't actually going into the depth in the interview).
- Medset — just as good, if not better than Medibuddy.
- Flashcards from Angela Ng — https://www.brainscape.com/packs/urology-st3-questions-17195745
- UNOTE — Urology national teaching.
- BJUI Knowledge — great mini-summaries of topics.

Courses

I had never previously attended a prep course in my life, but for ST3 I went to the STARS course (which was fantastic). I think that courses are not necessary but can be very helpful if you don't know many other people applying or seniors who are involved in interviews. They are a fast track to download knowledge about how the interview works, the pitfalls others faced, and to give you some motivation and confidence.

Also, one of the nicest teachers I have ever met, called Mr Toby Murray (I hope he won't mind me naming him), taught us for hours every week for 2.5 months, and he went through the outpatient scenarios and did mock practice with cases he'd personally written. He is a gift to Urology, and if he ever does a course you should scramble to get on it.

Tell me about the interview a bit more
In addition to what you can find online, an important element is that this is a group of consultants deciding if they want you as their ST3, and treat it as such. Always behave professionally, be "safe," and be realistic about when you should escalate.

The interview is pretty rigid. They ask pre-set questions and follow-up questions; there is very little scope for them to ask more. The level of the questions can extend beyond ST3 but tends to stick to core things every CST should have seen before (i.e., not penile cancer, Peyronie's, etc.). It is very time-pressured, so make sure when you are practicing you are concise enough to get through cases rapidly whilst ticking every box (and it is tick-box marking largely). This means you need to say all the core points.

Also, don't go through an entire A–E. That is CST level. Use a few short sentences in which you say you want to do an A–E approach with the following key investigations and management, and then move on.

For your outpatient scenarios, have a defined structure but listen to the question they ask. They often don't ask it in the order you've prepped, and going on a tangent is not going to be helpful. The structure should broadly be: before the patient comes into the room (which clinic, what will you review, what questionnaires or investigations you will get in the waiting area, e.g., flow/PVR/dip/BP, etc.); focused history; exam; investigations; management. Within each of these, as you practice you will build up a set of sub-structures and a menu of options. You will also need a "do not forget" element for each section, e.g., for investigations — questionnaires, risk-stratification/prognostic calculators; for management — don't forget MDT review. These will often be the "extras" that are missed.

Kiran Saini

Do not say every piece of knowledge you've ever known about a topic. Instead, practice smoothly and efficiently saying the key bits that answer the question.

How much do I need to learn

You need to know every guideline from BAUS (inc consensus docs) and NICE inside out, as these provide very easy tick-box things to mark. You need to read EAU guidelines but not end-to-end memorise them, as they are more in-depth. You need to know how to work through a case on any core Urology outpatient, emergency, or theatre scenario.

Lots of this knowledge can only be obtained on the job, so in theatre ask about every single possible piece of kit, setup, pre-op and post-op planning, etc.

Communication skills

This does need practice and often kneecaps good candidates. Practice it with your friends and even family members. On a piece of paper at the start of the station I wrote down:

- Issues: Not just the issue from the vignette; also listen to what the actor says is the key issue.
- Apologise/empathy: Profusely apologise repeatedly and try to empathise throughout. Don't ever try to cover up for anyone or yourself; be immediately transparent and open. If you aren't sure, say you don't know, but you'll find out as soon as possible.
- Hidden agenda: They often have a hidden agenda you need to find, so if they give you a cue please don't brush over it; explore it.
- ICE: Always make sure to keep asking what their main concerns are and centre the conversation here; make sure their expectations are met.
- SPIKES/SPIES as required.

Make sure you know the "management":

- Short term: What you are going to do about it today.
- Long term: Consequences.
- Governance: DATIX, M&M, clinical governance, audit, teaching.
- Offer: Speak to consultant, CNS, PIL, PALS, etc.

But crucially, don't shoehorn these in. It looks artificial. You should mainly be listening and asking questions and then organically get these answers in as the situation arises. Remember both the actor and consultants mark you. Also remember they don't know what's on your checklist, so if you forget things, that's OK. There are many ways to break bad news and apologise.

Skills
Skills don't just mean doing the case. You need to know the pre-op course: consent, marking, read the CT, what's in the BAUS PIL for that case (read all the PILs for core cases).
How do you do the theatre brief — case, patient, equipment, LA, Abx, VTE, position, warming, instructions for anaesthetics (e.g., paralyse in lateral-wall TURBT), post-op destination, etc.
Know the WHO checklist.
How you do the case — should be smooth and vividly descriptive but swift.

Kiran Saini

How you finish the case.
Don’t forget: sign-out, histology, writing an op note, updating patient/NOK in recovery.

Some common cases include:
Cystoscopy (flexi, rigid)
Catheter insertion (flexi-guided too)
Circumcision
TURP
TURBT
Scrotal procedures (hydrocoele, exploration)
Stent (in/out/change)
SPC

However, they do throw in occasional rogue stations you might not have done yourself but will have seen (I was caught out by this).

Kiran Saini

Outpatient

I had a job with three clinics a week. Most won't have this, and so this station is quite hard to prep as you aren't used to the rhythm and flow of clinic. It requires the most revision by far. Divide it up into subspecialties and go through it systematically, then stress-test your knowledge by asking a consultant in that subspecialty to do a case with you. You should have a clear, clean, and precise history. It should be efficient and well practiced. You should know the key questions for each presentation, the red flags, the risk factors, and relevant other elements of the history. You should know the key exam findings. For both history and exam you don't need to list every single piece of information you know; instead you should say the most salient and key points for that presentation. Next, you should know which investigations you pick (and why), and any relevant scoring systems. Finally, the management options, the guidelines (always check if there's NICE or BAUS guidance — these are easy points to mark), and how you decide between them. Trials are not necessary for this interview (though learning a few did give us some confidence).

In no particular order:
Andrology: ED
BPH and Male LUTS, HPCR
Endourology: Stones and stents
Female LUTS: SUI, UUI, mixed UI
Oncology: Renal, bladder, prostate, testicular mainly
UTI, epididymo-orchitis
Anything with a clear NICE guideline or BAUS consensus

Kiran Saini

Emergencies

Probably the easiest station for knowledge as there are fewer options. The key here is to nail the knowledge side (BAUS consensus, guidelines, etc.) and be very rehearsed/slick. The other element here is that you also need to manage the entire situation — when to call your consultant, making sure you update ED/theatres/anaesthetics/ITU/the NOK, delegate to juniors as appropriate but support them and check back in. Have key checkpoints in your mind when you'll do this (e.g., for me, whenever I was "finishing a case" I would say that before I left theatre to update the NOK/patient I would check in with the SHO and update the consultant).

Be aware of where they put you, so if you're already in theatre behave as though you are there. Don't magically rush off to ED without telling the people in the room what you are doing.

If you don't know, ask for help. If you can't get help, commit to an answer with a justification. There possibly isn't a wrong answer; they just want to hear your justification.

Kiran Saini