Getting the Coveted General Surgery Training Number

Do you *actually* want it?

Perhaps you are in your first year of core training and everyone has already started talking about ST3 applications; or you are eager and prepared and are looking at this before core training or this is the next natural step in your career. Either way, the first question you have to ask yourself if this is truly what you want. I am not trying to sound disheartening. But this is a great time as any to hit pause on life and think about the next steps. By getting that coveted ST3 number, you are also signing up for the next 6-7 years minimum of intense training, extra time, extra work and for some at a time when maybe family planning or buying a house and settling down is on your mind. So, is this right for you?

As with everything, there are positives and negatives in every choice. Make sure you think it through carefully, choose wisely and please don't be afraid to either go for this with all you have or to take a step back, time out, re-consider and re-explore what makes you excited at work.

Shreya Saxena

So, you do want it!

Okay, you have decided this is the right decision for you. Now what? Well let me take you through it.

The process is as follows:

1. Self-assessment Portfolio Form
2. Shortlisted and Interview Invitation
3. Virtual Interview
4. Preferencing
5. Success and Job Allocation

Before we go through them in more detail, I have a few top tips to get you started and for you to consider throughout the process:

General Top Tips:

1. **Start early**
2. **Be organised**
3. **Make everything you do count**
4. **Ask and prep with colleagues and friends**
5. **Read everything provided regarding the application process and check your work with your colleagues**
6. **Try and try and try again**

NOTE: Make sure you meet the essential requirements for the application. These are released early, prior to the self-assessment forms so read them and ensure you match all these requirements. Make sure you are on track to passing all parts of MRCS prior to applying.

Self-Assessment Portfolio Form

This is how you get shortlisted. This makes up roughly 20% of your final score which determines your final rank and hence chance of success. This is important to get right, but early and not to waste too much time on. In previous applications, you provide an initial score which is verified by the evidence you submit. This has now been replaced with two consultants marking your portfolio content through the evidence you have provided, and the average determines your final score.

There are certain decided criteria that you are assessed on that makes up the 'CV' of your career so far. Largely based on the following categories (taken from the 2025 Self-Assessment Portfolio):

a. Time spent in General Surgery
b. Time spent in other surgical specialities
c. Number of Appendicectomies at STS level and above
d. Publications
e. Presentations
f. Audits and QIPs
g. UK Higher Degrees

NOTE: Look through previous years of Self-Assessment Criteria as for General Surgery there have been changes in the process implemented in the last two years. Be prepared for anything and the best way of doing this is to look through all previous criteria and prepare as best as possible for all possibilities. "Beware of the dreaded 'N' number"

Time in General Surgery:

This looks at number of months spent in General Surgery between a certain period. To score the maximum points, the sweet spot is between 2-2.5 years roughly. Any less or any more you start dropping points.

Now this is something you either have or don't have. If, depending on the point in your career, you can decide/alter placements to maximise on this section, then go for it. Otherwise, don't waste more time or energy. Make the points up elsewhere.

Time in Other Surgical Specialities:

Similarly to the first section, you either have this or don't. The sweet spot is at least 4 months each (minimum) in 2 or more other surgical specialities to maximise on this criterion. The self-assessment document will specify which specialities count and which don't so read carefully.

Shreya Saxena

Number of Appendicectomies:

You need to look to start early with this, depending on where you are working. They are looking for total number of appendicectomies you have done at STS (supervised trainer scrubbed) or above level. Again, there is a sweet spot of these that reward maximum marks and then too few or too many from this means you start losing marks. For the 2024 application round, around 36-45 appendicectomies clearly documented on your eLogbook would score you maximum points. Check on the latest self-assessment form to see if this is different now.

Regardless of the first two sections, this is where you can help boost your marks. Be proactive, explain your goals to your registrars and consultants and build your operating skills. Ask fellow colleagues how they maximised their numbers at your hospital/deanery. Make sure to keep your logbook updated in real time to avoid any unnecessary hassle or missed cases near the time of submitting your application.

Publications:

In recent changes, it is not dependent on the number of publications you have but the quality of them. My top advice would be to write down about anything you have. Even if you are not first author and even if you do not think it is great. Every little will help. Make sure to read the description on what is accepted as a publication and what is not.

The marks awarded on this section are based on factors such as the level of contribution, level of authorship, quality of study and the impact factor of the publication. Make sure to read exactly what scores you points on the publications.

This is not an easy section to score highly on. My advice would be to work on something quick and easy, early on to secure a publication before the time of application. Speak to your seniors regarding projects they may already have the data on but need it written up which you could use as a publication. To have something written down in this section is better than nothing. I had a case report where I was the first author published in a low impact journal and a multi-centre international study in which I solely collected data and was featured in a long list of authors but published in a well renowned journal. I submitted and wrote about both as my publications and marks I collected helped for my final score and outcome. So, do not leave it blank if you can!

The way the marks are awarded for ‘level of contribution’ and ‘quality of study’ depends on how you answer specific questions laid out in the evidence template they provide at time of application. My advice is to write in more detail than is probably obvious upon

reading the questions to give your publication more depth. This will help you sell the value and your hard work in writing the publication and hence help with the points.

Presentations:

With recent changes, this section too focuses on quality over quantity. You are asked to submit your 2 best presentations. Marks are awarded for factors such as candidate contribution, named presenter of the publication, quality of study and whether it was presented at a regional, national or international setting.

This is a section where you should look to monopolise on your previous works. Collate all information and evidence on any presentations you have done in your training and choose the two which are likely to be rewarded highly on each of the sections mentioned above. Again, as part of the evidence you need to talk about the 'quality of the study' and so revising the aim and impact and outcome of the project you did that led to this presentation is useful. Make sure you have dates on hand and any proof of admission. Exactly what is required as proof I will touch on later.

Write about any presentations you may have, regardless of your opinion of it or where it was presented. The points add up and something is better than nothing.

Ideally, you want to have something different submitted in each section for publication, presentation and audits/QIPs. However, if you have presented for an audit or publication that you have already used in the other sections, and it awards you higher marks, then use it.

Audits/QIPs (Quality Improvement Project):

This section can potentially award you the greatest number of marks independently than any other. Again, think quality over quantity - with regards to recent changes. You are asked for your two best closed loop audits and your best other audit or quality improvement project. Points are considered on factors such as candidate involvement, reference standard, study design, importance of clinical question and impact of work.

To save time and maximise effort, it is best to prepare for these audits (if you can) at the time of core surgical training level or previous training levels. Ensure any audit you embark on is closed loop as that is a true audit and hence considered in applications. There is no qualm in re-using your audit submissions from core training or previous applications on your ST3 applications, as long as they are closed loop, you undertook most of the work and hence can write in depth about the 'study design', significance of the work and the impact the outcome has had on clinical practice. You may have

presented this audit as well and used that in your Presentation section. It is advisable to vary the content you submit in your application, however, if there is no better alternative and repeating the project in a different category has potential to score you higher points, then you can give it a try. The third audit or QIP does not need to be closed loop. However, it is still assessed against the same criteria.

To score highly in this section you need to think of projects that enacted change in clinical practice or at least have the potential too. Try to avoid compliance to mandatory assessments such as thromboprophylaxis for audit topics. They aren't as highly regarded and anyone can do one. Again, speak to your senior colleagues or think about what you may have noticed at work that could be done better and hence improve patient care. Make sure you understand the value and basis for the audit as you will need to write about your role in it, how it was set up and why, the impact it had and the learning or changed achieved from undertaking this audit, as part of the evidence submission for this section. You need dates, and evidence of presentation as part of the evidence so if using previous work, make sure you start collecting these pieces of evidence early.

This category has the potential to significantly impact your overall score in the portfolio and hence destine whether you are invited for an interview or not. Completing an audit cycle (at the very least) is also a mandatory requirement for most training posts from starting in foundation training. There is no rule to exempt work before a certain period so make sure all you do counts. My advice is to try and submit one project which is more recent rather than all old projects to ensure you show progression, however, there is no formal scoring criteria for that, so play to your advantages.

UK Higher Degrees:

There are different points awarded for different grades of higher degrees. These must be UK based. PhD scoring the highest and so forth as you go down. Usually, intercalated BSCs are not considered but check the specific criteria for the year. Again check whether PG Certificate are considered or not for your year of application. You will either have points for this section or you won't. Unless your career so far as awarded you opportunities and funding to undertake a PhD or a Master or even a PG Certificate, I would not advise spending stress, time and money in trying to obtain this prior to the application. This section contributes to roughly 8% of your overall Portfolio mark and can be made up for by putting the effort in your publications, presentations and audit projects or QIPs.

Evidence Submission:

The first step in the portfolio section is to do the work and have something in as many of the above categories, if not all, listed above.

The next section is ensuring you submit the evidence required by the examiners to score you fairly and accurately in each of the following above sections. There seems to be no room for complacency with the examiners if the requirements stated in the evidence section of the application are not met. These requirements are visible under the scoring outline on the Self-Assessment form when it is released. Try looking at previous application self-assessment forms to see what types of evidence you may require and try collating this early.

Top Tips:

1. Please make sure everything is signed, dated and GMC numbered just as is stated in the requirements
2. Please make sure you present the evidence exactly as they ask in the requirements
3. Fill in all template questions in prose and with as much depth as possible
4. Type instead of writing for legibility
5. Check the documents prior to scanning/uploading on the submission platform to ensure they read well

Give time to ensure all the requirements for the Portfolio Self-Assessment are met and within the stated requirements. Check with your colleagues and fellow applicants again and again to ensure no one is missing key pieces of information out. Start the preparation for this early, even before the application period starts because although it may seem like you have time, submission deadline approaches quickly.

My Recommended Reading Materials:

1. Person Specification
2. Self-Assessment Guide
3. Supplementary Applicant Handbook

Once you have submitted your portfolio self-assessment form, you wait to hear if you have been shortlisted and hence invited for an interview. This period is nerve racking and can feel like you are in limbo. However, in the process of application, it is not best to waste this time. Regardless of whether you are shortlisted or not, you need to start practicing or your interviews as it contributes to the vast success of your application.

Interview Preparation

Post the pandemic, the interviews have been virtual. As a result, the structure has changed and now the portfolio consists of 3 stations:

1. Portfolio
2. Clinical
3. Management and Leadership

Each station has a 5-minute prep window followed by 10 minutes answering time (this goes quickly). There is no fixed order for which station you start on in the interview. Do not let this phase you and when you are practicing try not to stick to one specific order.

I have listed my key recommendations to making the most of your interview prep below:

a. Work in a group
    a. These can be previous candidates or fellow candidates
    b. Always advisable to try and speak to someone who has given the interview before so you can base your understanding on real lived experience
    c. Ensure this is a trusted group who will give you helpful criticism. There is no value in hearing you are great from the start because you probably won't be and that is normal and to be expected.
b. Distribute resources and revision material
    a. Resources can be expensive. Share the costs and the resources and work together
    b. Look for variety of reading materials and online question banks (I will list some materials I used at the end)
c. Speak your answers out loud from the start
    a. You need to get used to formulating answers naturally and thinking on the spot so start early in your practice
    b. Be kind to yourself. You will get better the more you do, I promise
    c. Obtain feedback from your peers on the quality of your answers and the quality of your speech
d. Get feedback from as many trusted sources of varying qualifications as possible
    a. These can be recent successful candidates or senior registrars or even consultants
    b. The common problem with multiple opinions is the varying answers and then confusion on what to follow. It is important to weed out from everyone's opinions what is repetitive, what feels natural to you as a person and a clinician and hence what you can incorporate into your answers that make them engaging, impactful and of high scorable value

e. Think like a registrar
    a. I was told this often and struggled to fully understand the impact of it. But essentially when you are applying for a role you need to sell yourself as being able to do the role. As a brand new ST3 you need to be knowledgeable, driven, wider thinking (than your former years in training) but most importantly SAFE. Remember you need to start making and owning clinical decisions in a safe, logical and evidence-based approach. You need to show that in your interview.

Let's look at the following sections in a little more detail.

Portfolio:

This was my hardest station. There is not as much 'structure' in the answering of these questions. You can be asked a range of questions regarding your portfolio and 'CV' so far. The interviewers have not necessarily read your self-assessment submission, so use that to your advantage but have a variety of examples ready to talk about.

Some examples of topics:

a. Teaching
b. Development of Teaching Skills
c. Leadership
d. Management
e. Teamwork

They may ask you more than one question with a few follow-up questions and hence you don't have a lot of answering time. When prepping your answers for questions aim for maximum 1 minute 45 seconds for each one. Time them whilst speaking out loud. In answering these questions you want to start by introducing an example in which you have or have not demonstrated the particular trait/quality etc they are asking about and then to expand your answers you want to think about what this has taught you or what the significance of this was or how it has changed either yours or someone else's clinical practice. They may ask you these follow up questions after anyway, so best to have something prepared.

I found the best answers focused on real life clinical examples and then broached on the significance or relevance of that experience and how it has gone on to improve the quality of patient care you provide. The key is not to simply show you are the best but more that you are analytical and reflective of your work, look for opportunities to improve and enact on them. Moreover, for examples of teaching programmes or leadership or management roles, more weightage is given to roles employed on a

national/regional or even international basis rather than local basis alone. Try and keep this in mind when you are preparing your questions.

Write down your answers for the portfolio questions, recite them out loud and keep editing them until you know the answers well, they are engaging, punchy but offer as much wealth of knowledge about yourself as possible. It is not easy, and it takes work and trying again and again, so start early.

Clinical:

You get a 5-minute preparation time at the start of this station to read the information provided and devise your structure for the answer. As you read around, you will see there are many different structures you can adopt into your answers. Find the one that works best for you. I will go through the one I used:

Structure:

1. Issues – what are the issues present in the case. Split them into logical categories
    a. Clinical
        i. Differential Diagnosis – think and state the differential diagnoses in the case with the most likely stated first
        ii. Key management points to consider – what do you think the initial management steps would have to be in this case
    b. Organisational – what non-clinical issues could hinder the delivery of good patient care that you need to consider when planning the management of this patient. Examples are listed below
        i. Organisation of team, allocation of resources, consideration of the MDT team
    c. Educational/Training
        i. Training requirements being met or distributed equally
2. Priority
    a. Patient safety always comes first – always state that your priority would be patient safety first and then any other pertinent concerns that require addressing
3. Intervention – this is your embellishment and below are important factors to consider in your answer
    a. Gather your team and delegate
    b. Ensure early communication with the team
    c. ABCDE assessment according to CCrISP protocol

In sticking to this structure and stating all this information first, you have shown the examiner exactly how you are thinking and what your concerns are. Consider the rest of your answer as important embellishment.

   d. Take a history
   e. Examine the patient
   f. Review medical notes including any operation notes, drug charts and relevant up to date investigations
   g. Order focused investigations and why.
      i. Discuss and vet the scan with the radiologist yourself and organise for patient to go to the CT scanner imminently (if indicated)
   h. Reassess the patient
   i. Either plan for theatre, or conservative management or palliation
      i. Theatre: Consent patient; NELA (if applicable); PPOSSUM; Book for theatre; Ensure patient is NBM; Analgesia; IV fluids; Discuss with the Anaesthetic Team and the Theatre Team to prepare for surgery; Discuss with ICU/HDU team for appropriate higher care
      ii. Palliation: Discuss with palliative team; Review DNACPR status
   j. Update Patient and NOK
4. Escalation
   a. Consultant – near the end of your answer, the examiners may ask you to talk them through how you would convey to your consultant the situation and what you would want to ask them

NOTE: The scenario provided in the interview is usually longer than most of the questions in the revision banks and hence your preparation time will feel shorter in the real thing than when you have been practicing.

Some topics to revise on:

1. Post-Operative Complications
2. Vascular Emergencies
   a. Critical Limb Ischaemia
   b. AAA Rupture
3. Acute Cholecystitis
4. Acute Appendicitis
5. Acute Pancreatitis
6. Acute GI Perforation
7. Acute Diverticulitis
8. Acute Bowel Obstruction
9. Sepsis
10. Necrotising Fasciitis
11. Acute Trauma Scenarios
    a. Pneumothorax

b. Haemothorax
c. Cardiac Tamponade
d. Liver or Splenic Injury

As you read you will find more scenarios or topics than those listed above. Make sure, if time allows you read through the information provided for as many of them as possible. When you are answering you want to say the important information first and then embellish. Stick to your structure and keep practicing till you sound slick.

Management:

Again, it is important to stick to your structure when answering questions on management or leadership. This is not as natural to us as the Clinical station questions would be so give extra time in learning which topics could be used and how best to answer them.

Here is the structure I used. You may find other ones mentioned in other sources which you prefer. As long as you stick to a structure, it does not matter. For me, keeping my structures similar and widely useable was important to not create additional stress in trying to remember yet another thing.

Structure:

1. Issues
    a. Use key terms to highlight early exactly what issues you are concerned about in this case (I have listed some below):
        i. Patient safety – should be said first as this is your primary concern (if possible)
        ii. Teamwork
        iii. Leadership
        iv. Professionalism
        v. Never Event
        vi. Bullying/Harassment
        vii. Governance – may be useful to learn the common seven pillars of governance. A handy pneumonic I used was 'PIRATES'
            1. Patient Experience and Involvement
            2. Information Technology
            3. Risk Management
            4. Audit
            5. Training and Education
            6. Effectiveness of Clinical Practice

7. Staff Management
   viii. Probity
   ix. Duty of Candour
   b. Consider why these issues are present – remember to be impartial, supportive and non-judgmental. Make a list of reason you come across in answers for common topics encountered
   c. Consider what the consequences of these issues would be
2. Prioritise – remember patient safety is always your first concern
3. Intervention – I have listed some examples below of what you can consider talking about
   a. Sort out any immediate patient safety concerns first
   b. Gather information
      i. Speaking to colleagues
      ii. Speaking to mentioned party in scenario directly (if applicable)
      iii. Review incident forms
      iv. Review Audit/QIPs findings
      v. Review logbooks/ISCP
   c. Start suggesting solutions
      i. Developing SOPS
      ii. Reviewing ROTAs
      iii. Exception Reporting or Discussing with Guardian of Safe Working
      iv. Discussing directly with consultants/colleagues/rota coordinators/specialist team members
      v. Develop educational tools/resources
      vi. Conduct an audit and complete cycle
      vii. Using personal time to achieve extra training goals
   d. Support – offering support to other members directly or indirectly affected
4. Escalation – have a dedicate, structured escalation pathway for the topic you have been given. Think of the different levels of escalation. I have included one approach below
   a. Clinical Issues
      i. Local
         1. CS/ES
         2. Consultant Specific to the Case
         3. Clinical Director
         4. Divisional Director
         5. Chief Medical Officer
   b. Professionalism Issues
      i. Local
         1. ES

2. Clinical Director
3. Divisional Director
4. Chief Medical Officer
5. Chief Executive Officer

ii. Deanery
1. Trainee Representative
2. Training Programme Director
3. Head of School
4. Postgraduate Dean

iii. National
1. Defence Union
2. British Medical Association
3. Royal College of Surgeons
4. GMC

c. Training Issues

i. Local
1. Guardian of Safe Working
2. Rota Coordinator
3. CS/ES
4. Royal College Tutor
5. Director of Medical Education

ii. Deanery
1. Trainee Representative
2. Training Programme Director
3. Head of School
4. Postgraduate Dean

iii. National
1. Royal College of Surgeons

NOTE: The scenario provided is usually multi-faceted with lots of information. Again, you may feel that the preparation time in the interview does not feel sufficient for the reading material you have.

Some Topics to Consider Revising for Management and Leadership:

1. Training Issues
2. Handling Referrals
3. Conflicts with Senior Members of Staff

4. Lack of Senior Support
5. Theatre Inefficiencies
6. Issues with Junior Members of Staff
7. Ordering Theatre Lists
8. Dealing with Reports of Harassment or Bullying

These are only a few and the more questions you look through, material you read, you will come across more topics. My advice for these is to read through the answers they provide, focusing on the reasons for the issues and how they suggest you can solve them. Your reasons and solutions should be specific to the issues and not just generic rhetoric but use the above suggestions as themes to help you think about how to tailor your answer more to the issue in the case.

Finally:

Remember the interview is your main avenue through which to sell your capabilities and get that number secured. Even if you are worried about your portfolio self-assessment score, you can still redeem that through your interview and secure your top training spot.

You need to start early though. There is no alternative to practice, repetition and starting early. This will give you the best chance and just think this is the final time you have to apply for anything again in a long while.

After you have given your interview, you will be asked to rank your preferences and then you will be informed whether you have been successful or not and which deanery you have been appointed to.

This is not an easy application process. It is not commonly spoken about in the open, but many people have had repeated attempts at this application process and that is ok! You just have to keep trying and trying and you will get there. It helps to be organised, to work with others throughout the process, to check everything before you submit. Speak to your seniors with regards to interview prep especially with your portfolio interview answers.

Few of the reading materials I and my friends have used I have listed below but ask around for question banks people may have that you can borrow or if they have used anything not mentioned in the list below. Also go on at least one course to familiarize yourself with the structure of the interview and the style of questions and answers to expect, if you can. They may also be able to guide you to other question banks.

Truly, finally, it is a lot of hard work but once you have your number you can start your final step in this long training journey. Wish you all the very best of luck!

Reading and Question Bank Material Recommendations:

1. Cracking the General Surgery Interviews for ST3
2. Medical Interviews: Comprehensive Guide to CT/ST and Registrar Interview Skills
3. Medibuddy
4. Speak to Registrar's, Consultants, and Revise with Fellow Colleagues

Shreya Saxena