

IHSAAN



HOW TO GET INTO:

CORE SURGICAL TRAINING

An IhsaanMedics guide

A reflection on Ihsaan....

Surgery demands precision, discipline, and careful judgement. Decisions made in theatre or on the ward can profoundly affect patients' lives.

For a Muslim pursuing surgery, the aim is not only technical competence but also humility, sincerity, and responsibility.

When knowledge and skill are developed with the intention of serving others, professional work becomes a means of fulfilling a trust.

Ihsaan

/ihsān/ إحسان

Striving for excellence while remaining conscious of our responsibility before Allah.

Surgery?

Surgery focuses on diagnosing and treating conditions that require operative or procedural intervention. Surgeons assess patients, perform procedures, and manage post-operative care. Their work requires clinical judgement, technical skill, and collaboration with multidisciplinary teams including anaesthetists, nurses, and other specialists.

Types of Surgical Specialites

General Surgery, Trauma and Orthopaedics, Neurosurgery, Cardiothoracic Surgery, Plastic Surgery, Urology, Vascular Surgery, ENT (Ear, Nose and Throat Surgery) and more.

Lifestyle Considerations

Surgical training involves time in theatres, clinics, and wards alongside emergency on-call commitments. Early training can involve long days and variable hours. Consultant roles often have more structured schedules, although emergency responsibilities remain in many specialties.

Training Pathways and Duration

Medical School: 5-6 years

Students can gain exposure through surgical electives (often 6-8 weeks), joining surgical societies, attending career events, and observing procedures during clinical placements.

Foundation Training: 2 years

During this stage you can: Apply for surgical rotations, arrange surgical "taster weeks" (3-5-day placements observing a surgical team), begin audit or research projects

Core Surgical Training (CT1-CT2): 2 years

Trainees gain experience across several surgical specialties and develop operative and clinical skills.

- Most trainees prepare for and sit the MRCS examination during this stage.
- Entry into Core Surgical Training is competitive, with roughly three applicants per post in recent recruitment rounds.

Updated competition ratios can be found at: NHS England Specialty Recruitment - <https://specialtytraining.hee.nhs.uk> or Health Education England Recruitment Statistics - <https://www.hee.nhs.uk/our-work/medical-recruitment>

Speciality Training (ST3 onwards): 5-6 years

Doctors then undertake higher training in a chosen surgical specialty such as general surgery, orthopaedics, or neurosurgery

After completing training and required examinations, doctors receive a Certificate of Completion of Training (CCT) and can work as consultant surgeons. Further information: Royal College of Surgeons <https://www.rcseng.ac.uk>

Portfolio & Application

APPLICATIONS FOR CORE SURGICAL TRAINING USE A SELF-ASSESSMENT SCORING SYSTEM, AGAINST FIVE DOMAINS: COMMITMENT TO SURGERY, AUDIT AND QUALITY IMPROVEMENT, RESEARCH AND PUBLICATIONS, TEACHING EXPERIENCE, LEADERSHIP AND MANAGEMENT.

Key Scoring Principles

Applicants score themselves based on set criteria and upload evidence, which is then verified at the interview. Portfolio score plays an important role in shortlisting and overall ranking, alongside interview performance. Domains are scored based on level of achievement, not just participation.

Across all domains, higher scores are awarded when you take on greater responsibility (e.g., leading rather than just participating), fully complete projects that demonstrate real impact (e.g. completing and re-auditing), and that achieve wider recognition (e.g. presenting or publishing work at an international level, rather than a local one).

Portfolio Domains: How to Score

1

Commitment to Surgery

This assesses how consistently you have explored and engaged with surgery. Higher scoring examples include: Multiple surgical experiences (e.g., elective + taster week), attendance at surgical conferences or Royal College events, completion of surgical courses (e.g., basic surgical skills), and active involvement in surgical societies. Lower scores are given for minimal or short-term exposure only.

2

Audit & Quality Improvement

Points are awarded based on level of involvement and completion. Higher scoring typically requires: A completed audit cycle (including re-audit after changes implemented), demonstrating measurable improvement in clinical practice. presenting audit findings locally or nationally. Lower scores are given for participation without completing the full cycle and projects without clear outcomes or impact.

Portfolio Domains: How to Score

3

Research & Publications

Points increase with the level of output and authorship. Higher scoring examples include: PubMed-indexed publications (especially as first author), oral or poster presentations at national or international conferences, and involvement in systematic reviews or collaborative research projects. Lower scores are given for participation without output or unpublished/incomplete projects.

4

Teaching Experience

Teaching is scored based on organisation, consistency, and feedback. Higher-scoring examples include: designing and delivering a structured teaching programme, regular teaching sessions over a period of time, formal feedback collected and documented, and involvement in teaching beyond your immediate peer group. Lower scores are given for one-off or informal teaching without feedback.

Portfolio Domains: How to Score

5

Leadership & Management

This assesses responsibility and organisational contribution. Higher-scoring examples include leadership roles with clear impact (e.g., society president, programme lead), organising conferences, teaching series, or large-scale events, and managing teams and coordinating projects. Lower scores are given for passive membership roles without active contribution.

Postgraduate Exams

During surgical training, doctors must pass professional examinations organised by the Royal Colleges of Surgeons.

MRCS – Membership of the Royal Colleges of Surgeons

Usually taken during Core Surgical Training.

Consists of two parts:

- MRCS Part A – Written exam testing surgical sciences including anatomy, physiology, pathology, and clinical principles.
- MRCS Part B – Clinical OSCE exam assessing practical skills, communication, and decision-making.

FRCS – Fellowship of the Royal Colleges of Surgeons

Taken later in training and assesses advanced knowledge within a surgeon's chosen specialty.

Suggested Roadmap



Pre-Clinical Years

- Build strong anatomical knowledge
- Attend surgical society events
- Explore different surgical specialties

Clinical Years

- Arrange surgical electives or placements
- Become involved in research or audit projects
- Participate in peer teaching (e.g. anatomy revision)

Foundation Training

- Arrange surgical taster weeks
- Complete audit or quality improvement projects
- Present research or audit work where possible
- Continue teaching and leadership activities

Developing experience gradually allows students to explore surgery while building a competitive portfolio.

Strive for Excellence

Medicine is a trust. Knowledge and skill carry responsibility, particularly in surgery where decisions can directly affect a patient's wellbeing.

***Striving for excellence* should therefore be accompanied by sincerity, humility, and reliance upon Allah.**

When intention remains grounded in service and accountability, professional work becomes a means of fulfilling a trust and benefiting those placed under our care.

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