Surgical Training for Dummies: Webinar Notes

How to Break Into Core Surgical Training

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1. Overview of Core Surgical Training

Core Surgical Training is a two-year programme that forms the gateway into higher surgical training at registrar level in specialties such as general surgery, trauma and orthopaedics, and other surgical fields. The programme is structured around themed rotations, allowing trainees to gain targeted operative experience relevant to their intended specialty. This includes achieving specific procedural exposure, such as appendicectomies for general surgery or joint replacements for orthopaedics, ensuring progression is aligned with future career goals.

2. Eligibility, Competition, and Selection Process

Applicants must hold a full GMC licence, have completed Foundation Years 1 and 2 with successful ARCP outcomes, and apply during F2. Importantly, there is a limit of 18 months of surgical experience outside of foundation training to avoid being considered overqualified. Competition is high, with approximately 5,400 applicants competing for around 630 posts, equating to a ratio of roughly 9 to 1. Within this, individual specialties have even fewer themed posts. Selection is heavily weighted towards interview performance, which contributes 60 percent of the overall score, followed by portfolio at 30 percent, and MSRA performance at 10 percent once the cutoff has been met. The MSRA threshold continues to rise each year, reflecting increasing competition.

3. Application Timeline and MSRA Strategy

The application process begins in October to November via Oriel, followed by the MSRA examination in January, which surgical applicants sit earlier than some other specialties. Interviews are conducted in March, with offers released shortly after and training commencing in August. The MSRA itself consists of clinical knowledge and clinical decision-making components, broadly similar in scope to the UKMLA but with a wider breadth. Preparation should begin at least two to three months in advance, using question banks such as PassMed for foundational knowledge and MSRA-specific resources for exam-style practice. Strategic planning is essential, and selecting a lighter rotation during this period, such as general practice or radiology, can significantly improve study time and performance.

4. Building a High-Scoring Portfolio

A strong portfolio is essential and should be developed early, ideally beginning in medical school. Operative experience is a key domain, requiring consistent logging of cases through eLogbook, with only active participation such as assisting or performing counting towards scoring. Audits and quality improvement projects must demonstrate a closed loop, including initial data collection, implementation of change, and re-audit showing measurable improvement. Teaching experience should involve multiple structured sessions with formal feedback and supervision, while publications and presentations offer another route to scoring highly, particularly through prize-winning presentations. Demonstrating commitment to surgery through electives and taster weeks is also essential, providing both experience and evidence of sustained interest.

5. Interview Structure and Preparation

The CST interview is typically 30 minutes in duration and divided into two main sections. The first half focuses on portfolio and communication skills, where candidates are expected to justify their experiences, demonstrate reflection, and clearly link their achievements to a career in surgery. The second half assesses clinical and management skills through scenarios pitched at the level of a surgical SHO, requiring safe, structured approaches such as the ABCDE assessment and appropriate escalation. Preparation should be consistent and ideally involve regular practice with peers or structured mock platforms, as only a short window is provided between interview invitations and the interview itself. Success relies not only on knowledge but on clarity of thought, structure, and the ability to communicate reasoning effectively.

6. Evidence Collection and Documentation

A critical but often underestimated aspect of the application is the collection and organisation of evidence. Candidates are expected to provide comprehensive documentation for each portfolio domain, including consultant letters, certificates, and supporting materials such as presentation slides. It is often necessary to draft letters for consultants to sign, ensuring they include all required details such as GMC number, role, and confirmation of involvement. Evidence should be collected during placements, as it can be difficult to obtain retrospectively once rotations have ended. A well-organised and complete evidence set can significantly strengthen an application and prevent unnecessary loss of marks.

7. Strategic Approach for Medical Students and Foundation Doctors

Preparation for CST should begin as early as possible. Medical students are encouraged to start logging surgical experience, complete audits, and use electives strategically to demonstrate commitment. Foundation doctors should aim to undertake a surgical rotation early, allowing time to integrate into teams and develop portfolio projects. The mandatory audit requirement in Foundation Training can be leveraged by choosing a surgical topic, and careful planning of rotations, particularly in F2, can optimise time for MSRA preparation. Taking a structured, checklist-based approach to portfolio development ensures steady progress and avoids last-minute gaps.

8. Common Pitfalls and Realities of CST

Common mistakes include focusing solely on portfolio development while neglecting the MSRA, failing to demonstrate meaningful reflection during interviews, and starting preparation too late. In addition, poor documentation can undermine otherwise strong achievements. The reality of CST is demanding, requiring completion of MRCS examinations alongside achieving operative numbers and preparing for ST3 applications. Despite this, the long-term outlook improves at registrar level, with greater autonomy, better work-life balance in certain specialties, and a high degree of direct patient impact, which remains a defining feature of a career in surgery.

Key Takeaway

Success in CST is driven by early preparation, strategic planning, and strong performance at interview, supported by a well-documented and thoughtfully developed portfolio.