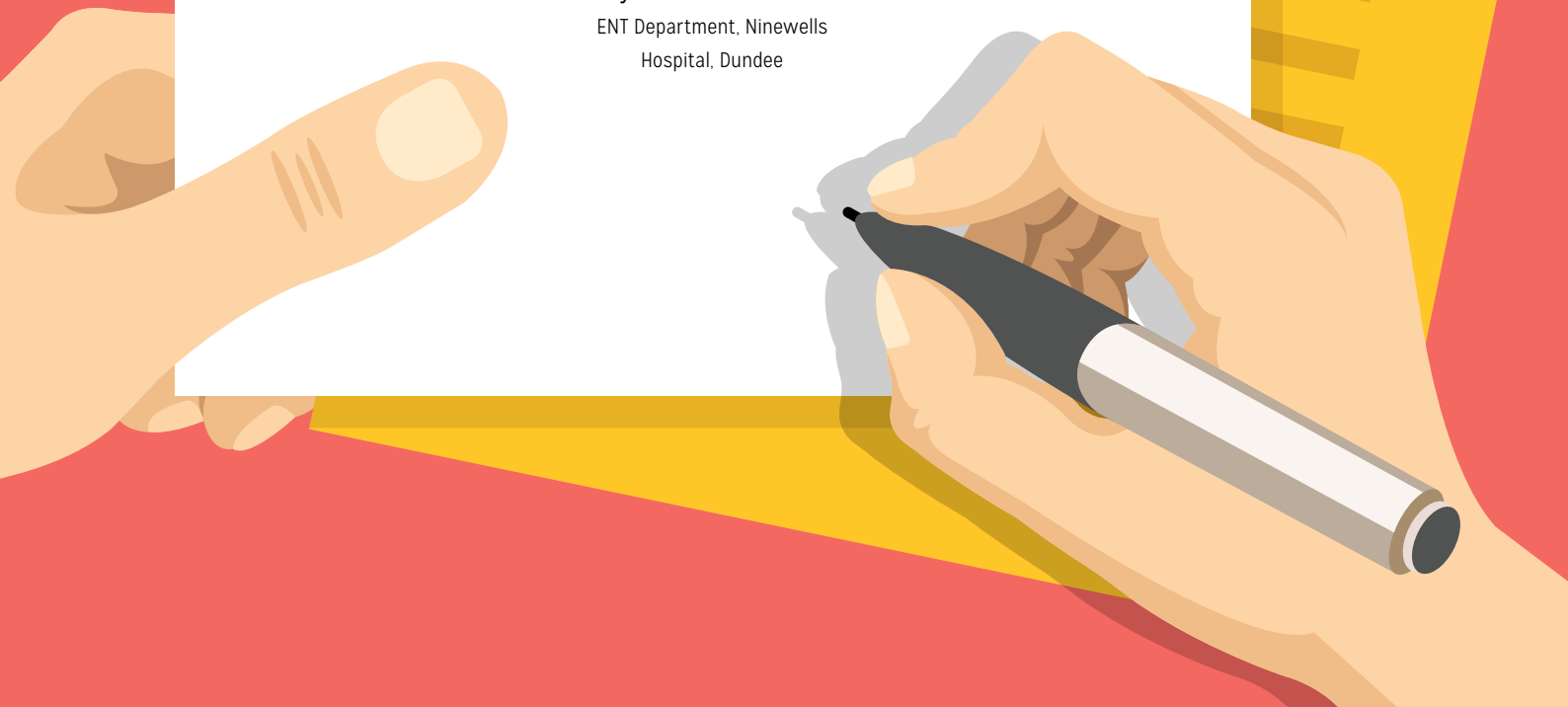


# Declining applications to surgical specialist training

An ENT perspective on when we should start to worry.

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A career in surgery has historically been a competitive but attainable achievement for the highly committed and driven individual. Although there is no doubt that we are still training and selecting junior doctors of the highest calibre, there is a growing concern among some of the higher surgical specialties that the pool of applicants from which to choose is dwindling. If the drop in numbers applying continues in the next few years, there is a chance that many surgical specialties will be facing the reality of either under-filling their higher surgical posts or be at risk of lowering their current entry requirements.

The change in numbers applying to ENT has been a major cause for concern, falling from 184 applicants in 2013 to just 98 in 2016, resulting in competition ratios reducing from 3:1 to 1.5:1. Scotland joined the national recruitment process for ENT specialty training in 2013. In the first couple of years it was felt that Scottish junior trainees might have been disadvantaged, given the lack of experience in the current interview system.

These issues were raised at the National Scottish Otolaryngology Society meeting and highlighted as areas of concern. As a result, a mentoring scheme was set up with the help of one of the training programme directors. In addition, a Scottish interview course, based in Edinburgh, was established with the purpose of preparing candidates for specialist training (ST) interviews. The aim of this review was to highlight these issues and describe how we are trying to help safeguard future recruitment to ENT.

## METHODS

At the bi-annual ENT Scotland meeting, consultants and trainees were reminded to highlight any foundation or core trainees who showed an interest in ENT to the registrars involved in the mentoring scheme. Emails regarding the mentoring scheme were sent to all medical schools and undergraduate surgical societies in Scotland. The emails invited anyone interested in an ENT career to contact one of three specialty trainees

registrars in Scotland to highlight their interest. The registrars contacted those who had replied and reviewed their CVs in order to highlight ways in which they could improve. Where appropriate, juniors were paired with a local ST mentor to help support and develop portfolios further. An email list was created with tri-annual updates outlining upcoming courses and conferences that would be of interest.

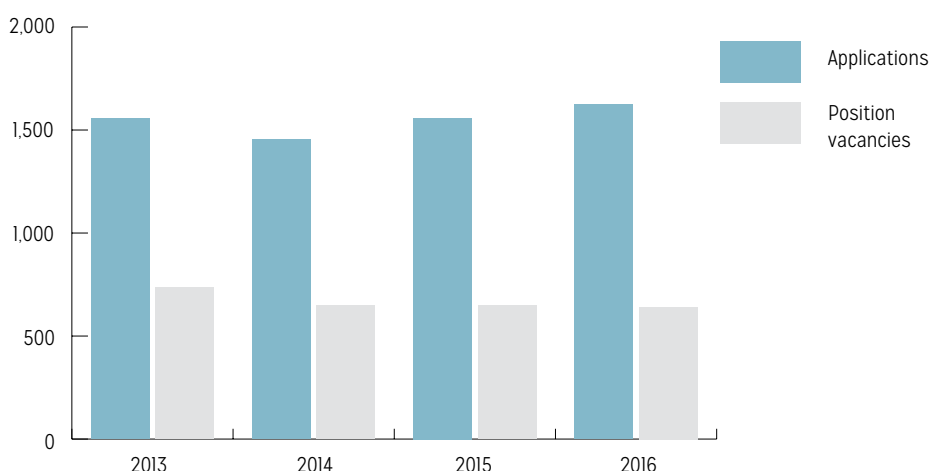
Initiatives nationally include ENT Scotland now allowing poster presentations at both winter and summer meetings, with prizes for each, and developing a national multisite audit meeting allowing for national presentations via video link annually. The core trainees who are eligible are also sent an

early invitation to the ST3 interview course – as observers when in their first year, and as participants in their second.

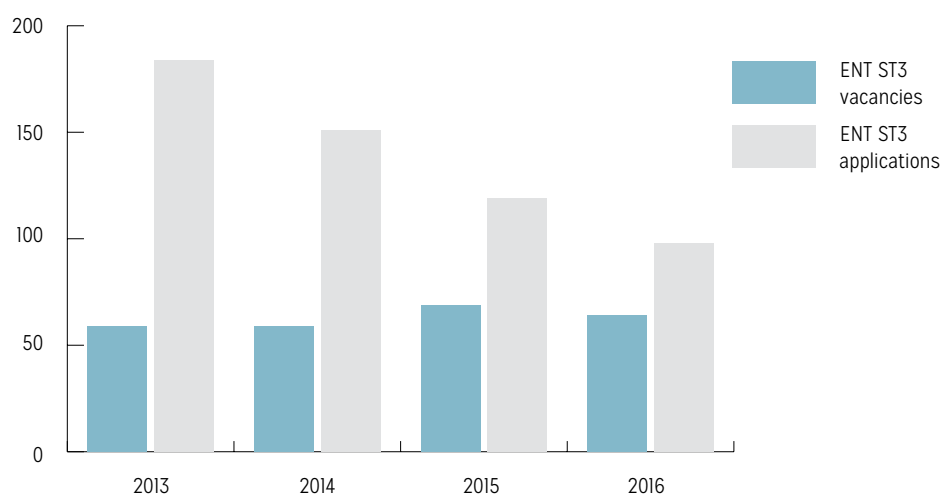
## RESULTS

To date responses from 40 medical students or junior doctors have been received. There are many variables involved in the application and interview process. To draw solid conclusions about the mentoring scheme or interview course would be unwise; however, the feedback received from those contacting the mentoring service has been overwhelmingly positive, with many now keen to pursue a career in ENT. What cannot be denied is that, prior to this being set up, in the first two years of applications to higher specialist

**Figure 1** Graph showing the number of core training applications and vacancies from 2013–2016



**Figure 2** Graph showing the number of ENT ST3 applications and vacancies from 2013–2016



**Table 1** Target number of medical student and intake in England from 2006 to 2012<sup>3</sup>

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Target	6,195	6,195	6,195	6,195	6,195	6,195
Intake	6,401	6,264	6,477	6,437	6,418	6,377

training only one of the Scottish trainees was successful. However, in 2015 all six applicants from Scotland obtained a national training number.

Through the Freedom of Information Act 2000, data were obtained for the past three years of core and specialist training. The number of surgical applicants to core surgical training has remained constant, with a fairly stable competition ratio (Figure 1). The number of ENT applicants for ST3 applicants has seen a steady fall during this time (Figure 2). This is not just the case in ENT, with other surgical specialties such as Trauma and Orthopaedics and General Surgery noting a similar trend.

## DISCUSSION

At recent meetings regarding recruitment (including the Specialties Training Board for surgery), the trends we are seeing in ENT are not isolated and there is concern within the majority of surgical specialties about the alarming drop in applicants for specialist surgical training. There have been a number of studies looking at junior doctor attitudes to careers in surgery; however, these predominantly look at the foundation doctors'/ medical school age range.<sup>12,3</sup>

Although these are important to address, from the current data available it appears the issue lies with the core trainee to ST group. Incompatibility with lifestyle, lack of anatomical knowledge and aggressive surgical culture are some of the barriers junior doctors have stated as to why a surgical career may not be as appealing as other areas of medicine. The issue of gender was a barrier for a number of juniors. Jaunoo *et al* found that six medical students felt that their gender was a limiting factor; all were female.<sup>3</sup> They did, however, show that 47.1% of the students considering surgery were female,

which is significant given that currently only 6% of the consultant workforce is female.

A study by Glynn *et al* surveyed 290 people, ranging from medical students to trainees in basic surgical training.<sup>1</sup> Factors that most influenced career choice were future employment, career opportunities, and intellectual challenge. They performed subgroup analysis comparing those on the basic surgical training pathway and those more junior. This revealed that although work

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hours ( $p<0.009$ ) and lifestyle after training ( $p<0.037$ ) were significantly more important for junior doctors and medical students, the surgical trainees placed more emphasis on competitiveness ( $p<0.003$ ), their experiences at undergraduate level ( $p<0.040$ ), and role models ( $p<0.001$ ).

The current issues with the junior doctor contract in the UK may also have an impact. Although the fall in numbers we are seeing predates this issue, it is likely the uncertainty

regarding junior doctor contracts is only going to compound the decline in current recruitment that many of the surgical specialties are facing.

There are other political reasons for concern about recruitment numbers. In the years leading up to 2012, medical school recruitment numbers deviated very little (Table 1). In 2012, however, the Department of Health and the Centre for Workforce Intelligence (CfWI) reviewed medical school recruitment numbers. They used workforce planning and demand models from a Canadian research programme on human health resources. Four scenarios were created and in all they showed that the supply of hospital doctors far outweighs the demand. They also demonstrated an increase in demand for primary care, which the supply will not meet. They recommended a reduction in medical school intake by 2% until further evaluation.

Contrary to the above paragraph, analysing the supply and demand for the number of ENT consultants shows that demand is continuing to increase if we use The Royal College of Surgeons of England (RCS)'s recommendations of one ENT specialist per 50,000 population. In 2009 and 2011, the NHS workforce review team and the specialty representatives outlined the issues with ENT workforce planning.<sup>7</sup> They concluded that there was still a significant gap in the ENT consultant workforce when compared with the RCS' recommendation.

The core training progression report in 2014–15 has shown that 25% of core trainees do not complete their training. There will always be a number of resignations and changes in career pathways but 11% were due to exam failure, with 8% having their training extended. The exam failure rate is yet another reason to encourage mentoring schemes and support structures for the core trainees. The Association of Surgeons in Training (ASiT) has now launched a national mentoring service, which is to be commended. It appears that 66% of those who complete core training go on to successfully gain an ST3 post or planned pathway into a

surgical career; however, the final destination of 20% of the core trainees is unknown. There is a real possibility that HEE (Health Education England) will reduce the number of core trainee posts owing to the continued under-recruitment of GPs. Sacrificing surgical training numbers in order to improve GP training numbers would be risky and a potential tipping point in the surgical recruitment process.

## CONCLUSION

With the reduction in medical student numbers and the government's plan to encourage more junior doctors into general practice, recruitment difficulties in surgery are now a real possibility. These issues, combined with the current standoff between the junior doctors and the government, are only going to exacerbate this issue.

The number of responses and feedback for the mentoring scheme indicates that interest in a surgical career is as present as always. Glynn *et al* highlighted that undergraduate experience and positive role models were reasons why some junior doctors had chosen a surgical career.<sup>1</sup> We can't fully explain the reduction in applications to higher specialist training. We feel that by engaging and supporting those interested at an early stage in their career, we can reverse the recent trend of decreasing applications to ENT specialist training. We would encourage all surgical specialties to be pro-active in their recruitment. Not only at the medical school/core training level but also at the higher surgical training level, as for the above-mentioned reasons we predict that this trend is likely to continue – if not get worse – before it gets any better.

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