

Making the cut

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One of the most common questions I am asked in my role as Surgical Superintendent is also one of the most difficult to answer: “What do I need to do to become a surgeon?”

CV inflation for aspiring surgeons

The climate of prevocational training has changed significantly in the past few years, and we are seeing more and more “CV inflation” and “credential creep” (see the excellent blog post by James Edwards for more on [CV inflation](#)) which is becoming cause for some concern. This refers to the phenomenon of entry requirements and selection criteria being pushed higher every year, resulting in a fiercely competitive pool of applicants and accompanying heightened levels of anxiety.

Fifty years ago, entry to a surgical specialty was more often than not a combination of hard work and nepotism, but today the “transparency” of the system is also generating a sense of desperation as applicants compete to outdo each other in every facet they can.

The reality of the situation is that to succeed in gaining entry to surgical training you need to be prepared to plan ahead, stay committed and resign yourself to a certain degree of “Box Ticking”. It’s very important to evaluate what pursuits will offer you the most value, not only in terms of buffing your CV, but also in relation to knowledge acquisition and continuing professional development.

So here are my tips for how to make the cut...

Decide what surgical specialty you want to pursue and make a plan

I can’t emphasise enough how important this is, as it will affect what terms you select as an intern and resident, which courses you need to complete and where you should focus your educational and research efforts. Each of the 9 surgical specialties has its own unique entry requirements, which include components such as minimum time periods in a particular specialty, completion of particular terms (such as ICU), as well as specific entry exams and procedural logbooks.

You want to develop a plan that covers 2-3 years, which involves specific goals and timeframes and their associated costs (see below for an example):

GOAL	TIMEFRAME	COST
Complete ICU term	Ask JMO manager in Intern year	Free

Enrol on waiting list for EMST/CCRISP/ASSET/CLEAR	May take 1-2 years to get place	\$2,500 per course
Complete an advanced anatomy course	3 Months-1 year	\$4000 - \$25,000
Develop a study plan for the GSSE exam	6-12 months	Personal study = free! Study course \$3,000-\$12000 Exam \$4000
Enrol in a grad cert or masters course with a focus on surgery	1-2 years	\$7000-\$24000
Develop mentoring relationships with consultants and commence a research project	1-2 years	FREE!

Information about the 9 SET specialties and their entry requirements can be found on the [Surgical Education and Set - Royal Australasian College of Surgeons website](#).

Develop a research interest early on

Research forms a significant part of the structured surgical CV, with points awarded for presentations and publications as well as higher degrees. Probably the biggest mistake I see people make is to leave research until their late PGY2 or PGY3 years, when in reality it takes 12 months to get projects to the point of completion. Your best bet is to find someone in your specialty of interest and approach them in medical student or early JMO years to discuss potential opportunities.

I see a lot of people taking on multiple small projects that are unlikely to yield presentations or publications, and whilst being involved in multiple research pursuits is great, it is often not a valuable use of time and in fact a cause of significant stress. Talk to your seniors about what you could get involved in that has a realistic chance of being completed within a year, and aim for a poster or oral presentation at one or two national conferences and a peer-reviewed publication.

Smaller projects (such as departmental audits or case reports) are excellent if you have extra time but should not constitute the bulk of your research work.

Consider a higher degree in surgery

It is becoming increasingly common for junior doctors to undertake higher degrees to give themselves a competitive edge. Also, if you are considering a career in academic surgery, a higher degree is a necessity (see Dr Michael Byrom's blog on [Forging a career in Academic Surgery](#)). There are a number of options on offer, including Masters of Surgery degrees by coursework or research, Masters of surgical science and Masters of surgical education.

There are also other health-related programs in fields such as public health, epidemiology, bioethics, health communication and of course pure research degrees such as M.Phil or PhD.

My advice would be that you should undertake one of these if you are both interested and committed but it is important to remember that they involve significant expense and time, and are only worth a few CV points, so you need to think carefully about whether this is the right path for you. Indeed there are many other endeavours you could pursue that may be more worthwhile.

Get involved in surgical teaching

This is an excellent way to brush up your CV, keep your own knowledge up to date and give something back to the field of medical education. Teaching medical students through the university clinical schools is a great first step (remembering that many RACS specialties will only acknowledge teaching if it is for 2 hours per week for 6 months or more). Make sure to keep a record and get a letter to confirm your contribution to education.

If you are a PGY2, you may also be able to get involved in intern teaching. Learning how to teach through programs such as "Teaching on the Run" are brilliant, and if you see yourself as a future leader in surgical education you could even consider higher degree studies (check out Melbourne University and Imperial College London - both have new courses in this field).

Keep a portfolio starting NOW

This should be a chronicle of your achievements and a record of your professional and personal development activities. You will need certified copies of documents as proof when you apply to SET, and it is much better to collect this information as you go. Examples of what you may want to include:

- Midterm and end of term assessments from internship onwards
- Any academic or research awards you have achieved at med school level or above
- A record of your teaching involvement (including statement of hours completed signed by your local clinical school or medical training unit)
- Record of attendance at conferences, training days and courses
- Records of your mandatory training activities
- Letters confirming your involvement in any hospital or other medical committees (at student or JMO level)
- Record of involvement in community or sporting endeavours
- A list of contacts for your previous supervisors and any potential referees
- A regularly updated CV

Check out JDOCS and start your GSSE study plan

RACS has created an excellent online resource for those students and junior doctors interested in surgery. The JDocs framework is based on the colleges 9 core competencies, and describes the many tasks, skills and behaviours expected of the junior doctor during the early prevocational years (PGY1-PGY3).

There are a number of key clinical tasks described and a framework to follow to prepare junior doctors for surgical training. You should follow this framework and use it as a guide to your expected clinical level, and aim to keep a separate portfolio to record your competency and experience with the various relevant clinical skills (a procedural and operative logbook).

The JDocs website also has links to a number of useful educational resources, including information on the [General Surgical Sciences Exam \(GSSE\)](#). This exam, formerly known as the “surgical primary” is now open to prevocational and SET trainees. For some specialties (including general surgery), sitting the exam will be a prerequisite for SET entry in 2016 and beyond, so it is best to prepare for and sit the exam as early as possible.

The exam takes at least 6 months of heavy study, but there are many prep courses available to help with this. Check out the [jdocs](#) website for more info and links.

Find a mentor and foster surgical relationships

Whilst getting good references is a crucial element in selection to training, developing long-lasting relationships with mentors is even more important. I see a lot of junior doctors express apprehension about approaching consultants as they are concerned about wasting their time or bothering them. Whilst your senior colleagues may appear very busy, it is their responsibility to provide education, support and advice to you.

Do a bit of research into the consultants you work with – ask former JMOs and registrars for advice about who is the most approachable, and who would be suitable to talk to about research or career advice. A good mentor will make time for you, will have a desire to share their knowledge and experience, and be generous in encouragement.

It is also important to keep in contact with a bank of referees – you should aim to gain 1 or 2 strong allies per term you do, people who will be supportive and give excellent feedback if asked. Keep these potential referees informed about what you are doing (research, educational pursuits, personal and professional development), and stay in contact by email, making sure they are sent an updated CV prior to recruitment season.

Love what you do

I appreciate that this sounds like a cliché, but it is probably the most important advice. If after reading the above 7 points you are tantalised and motivated to run head-first into tackling all these challenges, then surgery is probably the career for you. However, if there are niggling doubts or uncertainties it may be wise to consider other options.

The reality is that surgery is fiercely competitive, emotionally and physically challenging and will require more than your fair share of sacrifice with an accompanying high risk of burnout. On the flip side it is a deeply rewarding specialty, which will constantly challenge and fulfil you. Surgery isn't just a job, it's a way of life, and it requires commitment and passion to succeed. If you want it bad enough, you will get it. Good luck.

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