

# Career options in surgery



A guide to planning  
your surgical career



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## Introduction

Surgery can be an ideal career for anyone who is suitably talented; there are many highly successful surgeons from every background and gender. A career as a surgeon is an exciting prospect: both challenging and extremely satisfying. But is it the right career for you?

This booklet is designed to help you make this decision and to plan your surgical career by outlining the options you can pursue in surgery. It provides information on the nature of a surgical career, outlining each of the specialties and what they involve, as well as suggesting ways to succeed when entering surgery and during your surgical career

While this booklet is intended primarily for use by those planning or re-thinking their surgical career, it can be used as a source of information at any stage in your career. The booklet is split into sections that will enable you to find the information you need at each point of your career. The first two sections, 'Do I want to be a surgeon?' and 'What kind of surgeon do I want to be?', will be useful to you at the start of your career or if you are considering a major career change. The third and fourth sections will provide you with information you need to enter a surgical career. The fifth and final section will help you to maintain your career in surgery once you have successfully entered the profession.

## SECTION 1: Do I want to be a surgeon?

There are many benefits you will gain from a career in surgery: it is rewarding, offers a high level of job security and a comfortable income and you will constantly be learning new skills. However, you will need to be sure that you are suited to surgery and that you want to be a surgeon.

There are a number of tools that will help you answer this question. Once you have considered what your strengths and weaknesses are, you will need to gather information about careers in order to assess which fits best with what you want. This section is designed to aid you with this process. It will help to form a general understanding of what a career in surgery entails and what your life as a surgeon might be like. Later sections will provide guidance on how you can take your career forward, having decided on your plans.



This section covers:

- > who becomes a surgeon?
- > settings in which surgeons work
- > surgeons' colleagues
- > working options

These topics are then explored in more detail for each surgical specialty in section 2.

### Who becomes a surgeon?

You will find a vast array of personality types within surgery and you will encounter many different backgrounds and genders as each specialty holds its own appeal. However, surgical specialties are among the most competitive areas of medicine in the UK. To succeed in surgery you will need both technical skills and a broad knowledge base. You will also require determination and careful career planning.

Broadly speaking, as outlined in *Selecting into Surgical Training* (F Patterson and V Carr; December 2007), to be selected into surgery you will need to demonstrate competency in the following:

- > technical knowledge and clinical expertise (and ability to apply knowledge to the investigation of problems) – eg: eliciting the necessary information from patients, identifying key issues, knowledge of appropriate options, good hand–eye coordination
- > communication skills (ability to adapt behaviour and language to the situation) – eg: clearly expressing ideas, flexibility in communication style to suit situation
- > leadership and team involvement – eg: positivity when dealing with problems, non-confrontational, ability to negotiate and delegate
- > judgement under pressure – eg: remaining calm and under control, ability to compromise and knowing own limitations, ability to seek help if required
- > decision making – eg: ability to justify decisions flexibility, considering all factors before reaching a decision
- > situation awareness (including awareness of and ability to interpret/ deal with subtle changes in clinical conditions) – eg: awareness of cost and clinical value of investigations, ability to anticipate events, awareness of symptoms and signs suggesting changes to patients condition
- > problem solving – eg: thinking around an issue, ability to prioritise thinking ahead and planning for different contingencies
- > organisation and planning – eg: anticipating needs for changing situations, managing time and resources well, negotiating solutions to complex and competing needs
- > professional integrity – eg: respecting patients and colleagues, ability to admit and learn from mistakes, positivity when dealing with problems
- > personal attributes (decisiveness, honesty, emotional stability, drive, focus, empathy)
- > learning and development (identifying and fulfilling your own learning needs, self-reflection) – eg: ability to reflect and learn from own work,

to identify and fill gaps in knowledge, commitment to continuing professional development

Throughout your career, you will have opportunities to assess your progress against these criteria through 360-degree feedback, and other assessment tools, as outlined on the Intercollegiate Surgical Curriculum Programme (ISCP) website at <http://www.iscp.ac.uk/>.

A fuller discussion of how you can demonstrate each of these attributes follows in the 'how do I become a surgeon' section.

## Settings in which surgeons work

Obviously, most of a surgeon's work takes place in a hospital setting, either in the NHS or in the private sector. Surgeons' time is planned and divided into sessions. (One session is approximately half a day's work.)

In addition to performing operations, surgeons also have to undertake



ward rounds, outpatient clinics, administrative work and teaching. Further, many surgeons also engage in additional professional activities such as teaching, research or medical politics. For all of these activities you can expect to travel, both within the UK and internationally. The proportion of a surgeon's time taken up with each of these activities will vary according to his or her grade and speciality.

## Surgeons' colleagues

Working well with both professional colleagues and patients is essential for surgeons. All surgeons can expect to work closely with nurses, therapists, other surgeons (less and more senior), anaesthetists, radiologists, pathologists, referring doctors (eg GPs), administrative staff and many others.

Each of these colleagues performs an essential role in the eventual aim of aiding the patient's treatment and the surgeon, whatever his or her grade, will be required to form functioning working relationships within a multidisciplinary environment.

## **Working options**

The training pathway will take surgeons through a variety of training grades to an eventual post as a consultant surgeon. Currently, this involves foundation training for two years in a variety of medical specialties, followed by competitive entry into core training in surgery. This will involve many surgical specialties but may be themed towards a particular specialty in which you will eventually specialise. This is followed by approximately six years in specialty training. When you have completed this you will be awarded a Certificate of Completion of Training (CCT) and can apply for consultant posts or you may undertake further training or a fellowship.

In addition to this training pathway, there are many other ways in which you can practise as a surgeon. Indeed, the training pathway will not appeal to all aspiring surgeons and the options outlined below may be more suitable to both your lifestyle and capabilities.

## **Career grade surgeons**

Career grade surgeons normally work within the NHS and perform a variety of roles within the surgical team. They are not engaged in a formal training programme although they should expect training and development as part of their working lives. You can enter a career grade post at a number of points along your career. You are likely to need a specialty qualification of some kind (such as membership of a royal college) and to have completed at least two years' training after the foundation years. You will find more detail about this in section 3.

The duties of a career grade surgeon will vary according to the conditions under which he or she was employed. However, nearly all will undertake clinics and perform operations under the supervision of a consultant. The level of this supervision varies but many reach a level

where they work with very limited supervision. Indeed, it is now possible for career grade surgeons to apply for entry to the specialist register. Career grade posts are given one of many titles, which may include staff grade, speciality doctor, hospital doctor and Trust doctor.

The benefits of this kind of post are often related to flexibility; you may have a more predictable schedule and fewer on-call duties.



### **Academic surgery (<http://www.nccrcd.nhs.uk/>)**

Academic careers will appeal to those surgeons who are interested in research and the development of new treatments as well as practising surgery in a clinical setting. You can enter academic surgery following your foundation jobs or later in your career. To pursue this kind of career, you will have to be fully committed to a career in academic surgery. You will find more information about this in section 3.

### **Flexible working (less than full time)**

You can apply to undertake any of your training on a less than full-time basis if your circumstances fulfil the requirements. It will obviously impact on the number of years you spend in training if you decide to train on a flexible basis. If you are not in training, there are a many options you can request from your employer to reduce or rearrange your working hours (eg term-time working, annualised contract). To train flexibly you must work at least 60% of full-time hours. Limiting total working hours to 48 per week, the European Working Time Directive already applies to consultants and career grade doctors and will apply to doctors in training from 2009.

## SECTION 2: What kind of surgeon do I want to be?

There are nine recognised specialties within surgery, each of which will provide you with different challenges and rewards throughout your career:

- > cardiothoracic surgery
- > general surgery
- > neurosurgery
- > oral and maxillofacial surgery
- > otolaryngology (ENT)
- > paediatric surgery
- > plastic surgery
- > trauma and orthopaedic surgery
- > urology

There are some factors that are common to all specialties. For example, in all specialties you can expect to undertake some teaching, research and management. However, there are also differences between the specialties. This section covers each of these nine specialties: the type of work involved, working conditions (on call, emergency work, clinics,



administration, etc), working options and how competitive the specialty is. As you become more adept in your chosen specialty, you will have the opportunity to sub-specialise further. This section also outlines some of main areas of sub-specialisation within surgery.

## Cardiothoracic surgery

Deals with illnesses of the heart, lungs, oesophagus and chest. These include: cardiac surgery (heart and great vessels), thoracic surgery (organs within the thorax, excluding the heart), transplantation and heart failure surgery, oesophageal surgery and congenital surgery in adults and children. Procedures tend to be major and often complex.

Within cardiac surgery, the most common operations are coronary artery bypass grafting and valve operations. In thoracic surgery, the most common operations are lobectomy or pneumonectomy for carcinoma of the lung.

<b>Working conditions</b>	<b>Alternative working options</b>	<b>Competition</b>
<p>Clinical time is generally split evenly between operating, outpatient work, time spent with patients and families, and administration. A lot of time is spent in intensive care and high dependency units. Most work is elective (pre-booked, non-emergency) but there is some emergency out-of-hours work. Heart transplant surgery involves long, demanding surgery, often at night. There is a relatively low volume of patients but you will continue to see them for a long period of time. Cardiothoracic surgery involves less emergency work than general or orthopaedic surgery.</p>	<p>There is scope for research and academic activities.</p>	<p>Cardiologists now treat some conditions previously treated by surgeons, meaning fewer cardiothoracic surgeons are required. It is projected that there may be a shortage of consultant posts for future trainees. In 2007 there were 319 applications for only 6 cardiothoracic surgery posts at ST3 level.*</p>

\* Modernising Medical Careers: Posts, Applications and Shortlisting Information – summary tables:  
<http://www.mmc.nhs.uk/>

## General surgery

A large speciality containing many sub-specialities including: breast, colorectal, endocrine, upper and lower gastrointestinal (GI), transplant (of kidney, liver, pancreas) and vascular. Laparoscopic surgery may also be practised as a sub-speciality and is used across all general surgery. Most emergency general surgery patients suffer from acute conditions of the abdomen. However, other conditions, including trauma, require a holistic approach and a wide range of skills and experience that may involve working with colleagues from different speciality areas.

Working conditions	Alternative working options	Competition
<p>A relatively high proportion of emergency work.</p> <p>Vascular surgery has a high volume of urgent and emergency admissions. Many vascular surgeons still have acute general surgical commitments. Larger teaching hospitals have pure vascular specialists.</p> <p>Colorectal surgery has a heavy workload as many patients suffer from large bowel cancer and present as emergencies requiring urgent treatment. Breast surgery has less on-call commitment as most work is elective. However, clinics can be busy.</p>	<p>You can choose how specialised to become. Some smaller hospitals need generally trained surgeons competent in the management of the common conditions of the GI tract.</p> <p>Military surgery involves providing non-orthopaedic trauma service. Most military surgeons maintain a full range of general surgical skills as a consultant GI or vascular surgeon.</p> <p>Remote and rural surgery is required in areas (often outside the UK) where there is great geographical distance between cities. General surgeons in such areas require a wide range of competencies, including some from other surgical specialities.</p>	<p>In 2007 there were roughly 20 applications for each ST3 post, making it the third most competitive speciality at this level.*</p> <p>* Modernising Medical Careers: Posts, Applications and Shortlisting Information – summary tables: <a href="http://www.mmc.nhs.uk/">http://www.mmc.nhs.uk/</a></p>

## Neurosurgery

Involves the brain, central nervous system and spinal cord. It covers all aspects of brain surgery, from pre-operative imaging to removal of tumours.

You may focus on: paediatric neurosurgery; neuro-oncology (treating cancer of the brain), functional neurosurgery (surgical management of a wide range of neurological problems, including intractable pain, epilepsy and movement disorders), traumatology, neurovascular surgery, skull-base surgery or spinal surgery.

Spinal surgery is the largest sub-specialty, accounting for more than 50% of the operative workload of some departments. It is possible to practise spinal surgery exclusively.

Paediatric neurosurgery accounts for 10–15% of all neurosurgical activity.

Working conditions	Alternative working options	Competition
<p>Emergency work accounts for more than 50% of neurosurgical caseload, with much of this being trauma. On-call work can be intensive with out-of-hours emergency operating.</p> <p>Most consultant neurosurgeons spend 4–5 sessions in the operating theatre per week. The remainder of their time is spent on pre- and post-operative ward care, outpatient clinics, teaching and other administrative duties.</p>	<p>There are neurosurgery units in most major cities but you may be limited in where you work outside these.</p>	<p>Entry to neurosurgery training is via core neuroscience training. Neurosurgery training follows directly from this, with no additional recruitment stage at ST3 level. In 2007 neurosurgery had ten applicants per post at ST3 level,* fewer than other surgical specialities.</p>

\* Modernising Medical Careers: Posts, Applications and Shortlisting Information – summary tables:  
<http://www.mmc.nhs.uk/>

## Oral and maxillofacial surgery (OMFS)

Works on the facial bones, face and neck. Procedures range from minor surgery to complex major head and neck surgery. Uniquely, OMFS involves surgery on both hard and soft tissue. Specialist areas include: head and neck oncology; adult facial deformity; orthognathic surgery; cleft surgery and facial trauma management.

Working conditions	Alternative working options	Competition
<p>Relatively low on-call commitment compared to other surgical specialities. Large volume of trauma cases. Most time is spent in clinics or operating. Remaining time is spent teaching, doing administration or on call.</p>	<p>To enter the training pathway, you must have both a medical degree and a dental degree. However, you can work as an oral surgeon with a single qualification; there are currently a number of staff grade surgeons who have pursued this route.</p>	<p>Currently, entry to entry to OMFS training is via one year core training in ST 1, with OMFS speciality training beginning at ST2 level. There are fewer people qualified to enter this speciality as dual qualification is required. However, there were 93 applicants for 20 ST2 posts in 2007.*</p>

\* Modernising Medical Careers: Posts, Applications and Shortlisting Information – summary tables: <http://www.mmc.nhs.uk/>

## Otolaryngology (ENT: ear, nose and throat)

Includes all aspects of the head and neck region, skull base and facial plastic surgery. Specialist areas include: paediatric ENT, head and neck, voice and complex airway, otology (ear) and rhinology (nose). ENT manages surgical and medical disorders and involves many paediatric cases.

Working conditions	Alternative working options	Competition
<p>A significant amount of work is performed in diagnosis and 70% of otolaryngology practice is outpatient with a day-case base. There is a significant medical element to ENT. Elective surgical sessions are likely to involve no more than two days a week. Emergency work is light but is often dramatic when airway specialists are required.</p>	<p>ENT has little emergency work so may be well suited to flexible working.</p>	<p>ENT is one of the more competitive specialties and had approximately 20 applications per post at ST3 level in 2007.* There is currently a shortage of senior posts.</p> <p>* Modernising Medical Careers: Posts, Applications and Shortlisting Information – summary tables: <a href="http://www.mmc.nhs.uk/">http://www.mmc.nhs.uk/</a></p>

## Paediatric surgery

The surgical treatment of diseases, trauma and malformations of childhood years (foetal period to teenage years). Specialist areas include: neonatal surgery, urological surgery, hepatobiliary surgery, GI surgery and oncological surgery. Paediatric surgeons perform 11% of all operations on children. The remaining operations are performed mainly by surgeons from other specialities who have an interest in paediatric conditions.

<b>Working conditions</b>	<b>Alternative working options</b>	<b>Competition</b>
<p>It is likely that you will have a commitment to an emergency workload although the nature of its delivery will vary between units. A large proportion of the clinical workload comprises day-case surgery.</p>	<p>Paediatric surgery has a low level of emergency work so may be well suited to flexible working. There are few centres that specialise in paediatric surgery so you may be limited in your geographical location. If you are interested in both paediatric surgery and another speciality, you may train in the other speciality and specialise in paediatric cases.</p>	<p>This is a relatively small speciality. In 2007 there were 16 applications per ST3 post.</p>

## Plastic surgery

Involves the restoration of normal form and function; 80% of all plastic surgery is reconstructive.

Urgent and emergency work may include: hand trauma, burns and scalds, and soft tissue injuries involving face, trunk or limbs.

Elective cases may include: reconstructive surgery for congenital and acquired abnormalities, cleft lip and palate and other facial deformities, breast reconstruction, reduction and augmentation, or hand and upper limb surgery.

<b>Working conditions</b>	<b>Alternative working options</b>	<b>Competition</b>
<p>Much of the workload involves dealing with urgent or emergency cases. There is a busy on-call commitment. Most out-of-hours work involves burns injury and the treatment of severe facial, hand and lower limb injuries.</p>	<p>UK plastic surgeons have a strong tradition of travelling abroad, including work in disaster zones helping to tackle large demands for reconstructive work.</p> <p>An increasing number of trainees complete a cosmetic fellowship following CCT. This may become compulsory in a bid to ensure that cosmetic surgery is carried out by appropriately trained individuals.</p>	<p>Plastic surgery is generally considered to be one of the most competitive areas of surgery. It is a relatively small speciality with limited training opportunities. In 2007 there were 18 applications per ST3 post.</p>

## Trauma and orthopaedic surgery

Works on bones, joints and their associated soft tissues, including ligaments, nerves and muscles. Trauma work involves fractures and other injuries.

Specialist areas include: lower limb joint reconstruction, hip or knee, ankle and foot, upper limb (shoulder and elbow or hands), spine, bone tumours, paediatric orthopaedics, rheumatoid surgery, and sports and exercise surgery.

Working conditions	Alternative working options	Competition
<p>Most consultants contribute to an emergency trauma workload dealing with injured patients admitted through their A&amp;E departments. Trauma work can be late night and there is a relatively demanding on-call commitment. It is a very physical speciality but uses many specialist tools that reduce the need for excessive force. Orthopaedic consultants operate around 40% of the time, with the rest divided between clinics, ward work and on-call commitments.</p>	<p>Considerable opportunities for research and sub-specialisation.</p>	<p>Trauma and orthopaedics is one of the most competitive areas of surgery as well as being one of the largest specialities. In 2007 there were 23 applicants per ST3 post.</p>

## Urology

Deals with the urogenital system: kidney, bladder and urinary problems, as well as men's sexual and reproductive health. This includes diseases of the kidney, urinary tract stones, cancer (prostate, bladder, testicle and kidney), prostate, incontinence, erectile dysfunction, etc. Some time is spent managing chronic conditions. Investigating and treating patients with prostate symptoms or bladder cancer takes up a large amount of a urologist's time.

Specialist areas include: complex pelvic surgery, uro-gynaecology, andrology and paediatric urology.

Working conditions	Alternative working options	Competition
<p>Urological surgeons undertake 3–4 operating sessions a week, including day-case surgery. They also undertake outpatient clinics and (possibly) special clinics, management/administration, teaching and research.</p> <p>Urology treats a wide range of diseases and uses a variety of operating techniques, including open surgery, laparoscopy and robotic surgery.</p> <p>Urology on call is usually not arduous and in smaller units it is increasingly common to cross-cover with neighbouring hospitals to reduce the on-call frequency.</p>	<p>Urological surgeons have many opportunities for working across specialities, such as with gynaecological and colorectal surgeons.</p> <p>'Office urology', is a developing field. This involves work in clinics and day-case procedures, with much use of endoscopy but no open theatre cases.</p>	<p>There has been a recent expansion of the speciality. However, in 2007 there were approximately 18 applications per post at ST3 level.*</p>

\* Modernising Medical Careers: Posts, Applications and Shortlisting Information – summary tables:  
<http://www.mmc.nhs.uk/>

## **SECTION 3: How do I become a surgeon?**

### **Ways to enter a surgical career**

Once you have decided that you want to pursue a career in surgery, you will need to go about planning how you can achieve this. As all specialties in surgery are highly competitive, it is wise to be aware of all of your options and all of the ways in which you can practise surgery.





This section covers some of the ways in which you can enter and follow a surgical career; specifically:

- > the training pathway
- > fixed term specialty training appointments
- > career grades (eg specialty doctor and staff grade positions)
- > academic surgery



### **Training pathway**

The training pathway is the most direct route through surgical training. Following each stage of training, particularly in the early years, you will need to be selected into the next stage. If you are unsuccessful at these selections or decide that an alternative route would suit you better, there are other options you can take up. These are outlined later in this section. It is important that you make contingency plans throughout your career so that you are prepared for the unexpected.

<b>Medical school</b>	
Entry method	Application and interview; possibly examination
Pre-requisites	At least three very good A levels in relevant subjects, good GCSE results
Duration	5–6 years
Examination	MBBS, MBChB
On completion	Provisional registration with the GMC
	
<b>Foundation programme (F1 and F2)*</b>	
Entry method	Online application (ranked)
Pre-requisites	Provisional registration with the GMC
Duration	2 years
Examination	N/A (can take parts of MRCS)
On completion	Full registration with the GMC
	
<b>Core training (CT1 and CT2)†</b>	
Entry method	Application form and selection centre/interview
Pre-requisites	Full registration with the GMC
Duration	2 years
Examination	MRCS
On completion	N/A
	
<b>Specialty training (ST3 upwards)‡</b>	
Entry method	Application form and selection centre/interview
Pre-requisites	MRCS examination Successful completion of core training Evidence of commitment to a surgical career
Duration	usually 6 years (depends on specialty)
Examination	Intercollegiate specialty examination (FRCS)
On completion	Certificate of Completion of Training (CCT)
	
<b>Senior medical appointment (eg post-CCT training, consultant position, etc)</b>	

\* Full details available from the foundation programme (<http://www.foundationprogramme.nhs.uk/>)  
† Full details of pre-requisites available from MRCS person specifications (<http://www.mrcs.nhs.uk/>)

## Exceptions

Neurosurgery and oral and maxillofacial surgery do not follow this pathway.

Neurosurgery recruits initially into core neuroscience training after the foundation programme. There is no selection between this core neuroscience training and neurosurgery specialty training.

Oral and maxillofacial surgery recruits directly into specialty training following CT1, there is no additional selection into ST3.

## Fixed term specialty training appointments

Fixed term specialty training appointments (FTSTAs) are normally available at CT1 and CT2 level and which will provide you with educationally approved training. Each post is limited to a period of 12 months and you may only undertake a maximum of two of these posts.

FTSTAs provide an excellent way to improve your portfolio and skills either in order to pursue a career at a higher level, for example in a career grade post, or while preparing to apply for training in the next recruitment round.

Because these posts are strictly time limited, you must be sure to plan carefully what you wish to gain from them and what your next steps will be.

## Career grades (eg specialty doctor and staff grade positions)

There are a number of career grade posts; it is likely that in the future the most common of these will be the specialty doctor, which is a new type of post that was devised in spring 2008.

The group of career grade posts comprises staff grades, associate specialists, clinical assistants, hospital practitioners and other non-standard, non-training Trust grades. These surgeons work in key service roles within the NHS and carry



out a wide range of surgical care, on the ward, in the outpatient clinic and in the operating theatre.

You can enter these posts at almost any point in your career when you decide to leave the training pathway. (Obviously, this will be subject to successfully navigating the application process.) However, it will be easier to pursue a fulfilling career that includes training and progression if you complete some of your training before leaving the training pathway.

Specialty doctor posts will allow you to progress through the grade and you will be expected to take part in regular appraisals. You will also take part in job planning that will ensure you are given the opportunity to develop your skills and knowledge to assist your progression through the grade.



### *Entry requirements*

The minimum entry requirements for specialty doctor posts are:

- > full General Medical Council (GMC) registration
- > minimum of four years' postgraduate training (two years of which must be in the relevant specialty)

### *Working conditions*

Like all surgeons, you will work in a hospital setting with colleagues across many disciplines and specialties. The level of supervision to which you are subject will vary depending upon your progression and seniority within the grade.

For full-time specialty doctors, the working week will normally be 40 hours, comprising 10 programmed activities (sessions) of 4 hours each. Most of these will be dedicated to clinical work (including administration) and at least one of these sessions must be for supporting activities (eg continuing professional development). You will be paid extra if you are

expected to work outside core hours (7am–7pm) and for any on-call duties you undertake.

Unlike posts on the pathway, which are time limited and require frequent moves to different hospitals, specialty doctors have a permanent contract in one location. This allows greater stability in your home life, an ability to undertake long-term projects and a deeper knowledge of individual (long-term) patients.

### *Development and progression*

The contract for specialty doctors makes it clear that they must be both allowed and encouraged to plan their job and undertake appraisal while building a portfolio of work improving their skills and knowledge base.

While developing this portfolio of experience, you will be able to participate in supporting professional activities such as:

- > formal teaching
- > continuing professional development
- > appraisal
- > research
- > audit
- > work with a professional body  
(such as a royal college or the British Medical Association)
- > management

When you have reached the top of the specialty doctor grade, you will have a high level of expertise and specialist knowledge. You will also have the ability and opportunity to work independently as agreed with the organisation in which you work.

Should you wish to re-enter the training pathway at a later point in your career, there are opportunities for you for apply to posts within this structure although, of course, you will have to possess all the necessary skills and qualifications and compete for posts fairly in the normal manner. If you are eligible, you will be allowed to apply for training posts but should remember that competition will be fierce.

Alternatively, if you continue in a career grade post until you have reached a level equivalent to that of a new CCT holder, you can apply for entry to the specialist register via article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. If successful, this process will award you a Certificate of Eligibility for Specialist Registration (CESR), which is equivalent to the CCT.

### **Academic surgery**

Academic surgery involves some clinical work as well as some research or teaching in a higher education setting. To pursue this training pathway, you should be committed to both the clinical aspect of the job and the research. Approved academic posts (academic clinical fellowships and clinical lectureships) are relatively few in number. To succeed in obtaining one of these posts, you will need to have demonstrated excellence (or the potential for excellence) in academic medicine as well as in your clinical abilities. You should not expect to pursue this career as an easier option than the training pathway.



### *Entry requirements*

Early in your career (normally directly following the foundation programme) you can apply for an academic clinical fellowship (ACF). This is a specialty training programme and will eventually lead to the award of the CCT (assuming you complete the rest of your training).

Clinical lectureships (CLs) are aimed at surgeons who have already undertaken some training in surgery and have completed some research. You may wish to consider applying for a CL following completion of an

ACF. Alternatively, you could apply for a CL at a point roughly equivalent to ST3 level on the training pathway, as long as you have previously completed enough academic or research work to be eligible.

### *Working conditions*

In the early part of your career, in an ACF post, you can expect to spend 75% of your time undertaking clinical training and 25% undertaking research or educationalist training. These posts last a maximum of three years, after which you can apply for a CL to further your academic career, attempt to re-enter the training pathway or apply for alternative posts, such as specialty doctor posts.

CLs last a maximum of four years, during which time you will complete your specialty training. You can therefore expect to spend a proportion of your time undertaking clinical duties and the same training as your colleagues on the training pathway. The rest of your time will be spent undertaking research and teaching.

### *Progress and development*

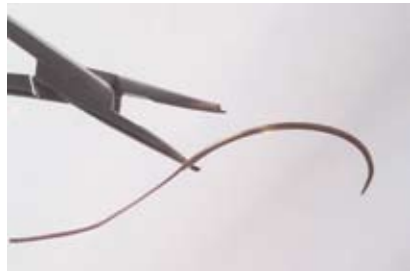
Having completed your training in academic surgery, you can either pursue a higher career in research and academic surgery or you could apply for entirely clinical posts as you will have completed your specialty training.

## SECTION 4: How to succeed at entering surgery

Entry into all aspects of surgery is very competitive and will require you to be well prepared. You should plan your first and second choice career routes as early as possible and frequently review your progress to ensure you are able to follow these paths. Such careful planning will also mean that you are better able to deal with any unexpected changes to your plans.

This section will outline the things you need to do to successfully navigate the process of identifying and getting the jobs you want. Specifically, it will cover:

- > how to find the right job for you
- > how to ensure you are eligible for the job you want
- > how to demonstrate you are the right person for the job



### How to find the right job for you

You should have started to plan your career when you were at medical school. This involves firstly identifying which specialty interests you and then starting to create a portfolio of experience, knowledge and skills which demonstrates your commitment to, and aptitude for, that specialty. To go through this process effectively, you should consider what you want from your career and what skills you have.

Having decided you wish to follow a career in surgery, there are other factors you must also consider. For example, how important is your geographical location? Furthermore, you should consider how competitive you are when compared to other candidates; some areas, such as London, are extremely popular and competition will be fiercer. Only you will be able to answer questions such as these and you should give them careful consideration before applying for jobs. Most importantly, you must honestly assess whether you are suitable for the job: pay very close attention to the person specification and job description. If you

apply for a post for which you have too much or too little experience, you may not even be considered.

Completing the application and recruitment process for any job involves a considerable investment of your time and effort. Spending time applying for jobs you do not really want will inevitably mean you are unable to dedicate as much effort to applying for the jobs you really do want. Therefore, well before you begin applying for posts to progress to the next step in your career, make a list of what you are willing to compromise on, as well as what is essential for you to have in any job.



Very few people are lucky enough to be offered exactly the job they want so apply for a few and ensure you have some second choice options. However, remember that if you accept a post you must take it up: you cannot accept an offer and then reject it if you are given a 'better' offer elsewhere.

For posts in the training pathway (including the academic training path), as long as you make sure you are in touch with the relevant networks and sources of information, for example Modernising Medical Careers (MMC), you will receive a lot of information about where jobs will be advertised as these will normally all become available at roughly the same time and there will be nationally defined recruitment episodes. Career grade posts are not subject to such precisely timetabled recruitment and you will need to constantly monitor relevant websites etc for advertisements.

Jobs are likely to be advertised on:

- > individual deanery websites
- > individual Trust websites
- > the NHS Jobs website (<http://www.jobs.nhs.uk/>)
- > BMJ Careers (<http://careers.bmj.com/careers/>)

In addition to this, some websites such as the Remedy UK Jobs (<http://jobs.remedyuk.org/>) provide summaries of all the relevant jobs that have been advertised on the sites they monitor. You will also find some jobs via agencies although these will not be approved for training and are likely to be locum positions.

### **How to ensure you are eligible for the job you want**

When you apply for any post in surgery, at both the application form and selection centre/interview stage, you will be asked to demonstrate that you have achieved certain competencies. These will include specialty-specific knowledge and skills but also more general career-based skills. This section will consider what these skills are and how you can acquire them.

Lists of clinical competencies can be found on numerous websites. If you are applying for a post early in your career at a level similar to the core training years, you need to demonstrate that you have achieved the foundation year 2 competencies. These are listed on the foundation website (<http://www.foundationprogramme.nhs.uk/pages/medical-students/how-to-apply/>).

When applying for posts, you will need to demonstrate that you have completed the competencies for the level below that to which you are applying. You will find these competencies are outlined on the ISCP website (<http://www.iscp.ac.uk/>). Foundation level competencies are listed on the foundation programme website (<http://www.foundationprogramme.nhs.uk/>).



In addition to specialty-specific clinical or technical skills and knowledge, you will require skills such as communication, leadership and team involvement, judgement under pressure, decision making and problem solving as well as general professional integrity. These have been listed in more detail in section 1.

You will acquire such competencies from a wide range of activities that you undertake, both those that you undertake specifically to improve your career portfolio and those that are an intrinsic part of your working (and private) life. You should try to think imaginatively about situations in which you achieve competencies and should not limit your thinking solely to work situations.



Things you can do to gain experience and improve your portfolio include:

- > attend courses
- > attend conferences, seminars, etc
- > make presentations at conferences, seminars, etc
- > join or organise a journal club
- > join and participate in relevant associations
- > undertake self-directed learning
- > teach and/or demonstrate (anatomy demonstration posts are particularly useful)
- > research
- > write letters, articles, reports, etc for publication
- > audit projects
- > work in alternative environments, eg electives at medical school
- > join and participate in your medical school surgical society
- > choose surgically-focused options at medical school

It can be difficult to work out how you can gain these experiences but with a little research and effort you will be able to undertake most of these. You can gain teaching experience in formal posts but these can be difficult to obtain and to fit into the rest of your career. You can also gain teaching experience by volunteering to teach practical skills, such as

teaching at your university surgical society. Alternatively, you can organise events for local school pupils, telling them about careers in medicine and teaching them practical skills that will help with their applications to medical school.



You will be able to gain a lot of additional experience by talking to senior colleagues. You may be allowed to observe or assist in theatre, to undertake audit or research projects or just to sit in on clinics. As long as you are willing to commit to whatever project they help you with and do not expect them to supervise you too closely, most consultants and other

more senior staff will be happy to help you. However, they cannot help you if you don't ask (but don't pester them if they say no!).

There are many associations, networks and organisations you can join or become involved with. A quick internet search will reveal most of these and some are listed at the end of this booklet.

Whichever of the activities outlined above you decide to undertake, make sure you keep your records up to date and keep correspondence, certificates, confirmation of attendance, etc. If you don't record activities as you do them, you will find it very hard to compile your portfolio and write your application forms. If you have worked with a clinician outside the normal training programme, ask for a letter of support.

### **How to demonstrate you are the right person for the job**

There are three main points at which you should display all of the competencies you have gained from your experiences:

- > in your application form and/or CV
- > in your portfolio
- > at the selection centre or interview

## Application form

The application form is the first stage in the application process and you should therefore dedicate sufficient time to its completion. For applications to posts in the training pathway, you are likely to have to complete an application form that will ask you for information about your training and experience so far, as well as a number of questions that will require you to provide examples of particular competencies and how you have demonstrated these.



You should draft answers to the questions beforehand and then copy them across to the form, particularly if you are using an online form. This will help you avoid any serious mistakes or spelling errors.

To ensure that you are able to complete the application form well in the appropriate time scale, you should draft some answers to questions you think may arise before you begin the application process. Examples may include:

- > Describe a time when you have had to make a decision under pressure
- > What experience of delivering teaching do you have?
- > Describe a recent example from your surgical experience of a time when you found it difficult to make an effective judgement in a challenging situation. How did you overcome this difficulty and how has this experience informed your subsequent practice?

Make sure you read the application form very carefully and provide appropriate answers relevant to the person specification. Examples from your portfolio will be very helpful in this process.

Remember: if you do not provide suitable evidence of your competencies on your application, it may not be clear that you meet the entry or selection criteria. Therefore, you may not be longlisted/shortlisted/invited to interview.

## CV

Although application forms are becoming the more normal method of application, for more senior posts or for career grade applications you may be asked to provide your CV.

Your CV will probably have less than two minutes to impress the assessor of your suitability for the job so a good first impression is vital. Ensure it is logically and clearly laid out and relevant information is easy to find. To save yourself time, it is worth spending some effort on a 'master' copy of your CV that can then be updated as you progress.

A good CV should combine enough relevant detail to get you on the shortlist, with clear examples of how you meet the key competencies required. It should chart your personal and professional experience and qualifications, making it clear how they are relevant to the job.

Qualifications and experience should be clearly stated so the reader can see immediately that you meet the basic requirements of the post. A clear summary of clinical experience is vital and you should also make it clear that you are suited to the wider roles of a surgeon: emergencies, outpatient clinics, day care, work in the ward and work in the operating theatre. Include your experiences in peri-operative patient care along with the list of operations you've performed.

## Portfolio

A portfolio is similar to an expanded, extended CV and whatever career route you decide to follow in surgery, you should maintain a portfolio throughout. There are a number of tools available to help you, such as the electronic portfolio available through the ISCP. You are likely to be asked to show your portfolio at the selection



centre or interview when you are applying for posts in the training pathway. If you decide to undertake career grade posts, you will also find your portfolio invaluable when going through appraisals to progress through the specialty doctor grade. Furthermore, if you later decide to apply for a CESR, your portfolio will be a central part of your application.

While you may not be required to show your portfolio to anyone before you attend interview or selection centre, it will be useful to have compiled your portfolio before this point so that you are familiar with it and can use it to help write your applications.

To compile your portfolio, you should organise relevant career information in a ring binder or similar, with a contents page and index tabs to ensure it is easier for both you and the selection centre assessor to navigate. You may have to refer to specific evidence so your portfolio should be logically and clearly laid out for easy access. The portfolio and the evidence it contains will support your application, any subsequent interviews and your ongoing learning when you have begun your post.

Your portfolio should show your commitment to surgery. In addition to including a record and evidence of the activities you have undertaken (as outlined above), you should ensure your logbook is up to date – either paper-based or in electronic form such as that from the ISCP. You should make sure you include reflective examples from your work as well as documentary evidence of any extra activities you have undertaken.

Types of evidence included in your portfolio might include:

- > logbook of clinical activity
- > trainers' reports
- > audits
- > written workplace assessments
- > list of competencies signed by supervising consultant
- > assessments such as DOPS and mini-CEX  
(see ISCP website at <http://www.iscp.ac.uk/>)

Example portfolios are available from websites such as the foundation portfolio on the MMC website (<http://www.mmc.nhs.uk/>). These will give you structures to use for recording but you should remember it is your personal input that is important.

In your portfolio, it will be useful to produce a summary table listing all of the competencies required (eg those listed on the ISCP website at <http://www.iscp.ac.uk/>), how you have achieved them and where in your portfolio evidence can be found.

### *Selection centre/interview*

For posts in the training pathway (excluding foundation posts), you are likely to be invited to attend an interview and may be invited to a selection centre. For other posts, such as those in the career grades, you are more likely to be asked to attend an interview. However, the use of selection centres is becoming increasingly popular:



Whether you are attending a selection centre or interview, there are a number of things you can do to ensure you are as prepared as possible before hand. Make sure you are familiar with the person specification and the competencies that it requests. Think about how you meet these and examples that demonstrate this. Make sure you are well presented and smart; this will not be a deciding factor but it will help you feel more professional and the selectors to view you in a favourable light.

The selection centre is likely to be a large venue within the deanery region to which you have applied. It is unlikely to be in a hospital and may well not be related to medicine at all. For example, some deaneries hold interviews in local hotels and the London deanery has held interviews at The Royal College of Surgeons of England.

When you arrive at the centre, you will be met by a member of administrative staff who will tell you where you should go, etc. There are likely to be many candidates at the centre and you may be required to wait until it is your turn to go to the next station.

The nature of these will vary according to where you are applying and what specialty you are applying to; some will have many 'stations' where different competencies are tested in different ways, others may have only one. However, as a minimum you should expect to have at least 30 minutes of assessment, including a structured interview. This involves pre-set questions that will be the same for all candidates. These questions will assess your level of competency against those requested in the person specification and will ask you to reflect on your past experience and/or your reaction to a hypothetical situation.

Stations that you may have to complete include:

- > a structured interview in which you discuss hypothetical clinical or management situations
- > a structured interview in which you discuss your commitment to surgery and your behaviour in past relevant situations (eg 'When have you made a decision under pressure?')
- > a portfolio review in which you reflect on your skills, competencies and educational needs with evidence examples from your portfolio
- > a simulated consultation with a patient (who will be played by an actor)
- > a written exercise, eg completing a consultation record and management plan
- > group discussion
- > practical exercise, eg suturing or knot tying, examining a patient, etc

Please note: this list is not exhaustive; you may be asked to complete all or none of these and you may be asked to complete alternative stations.

## SECTION 5: How to succeed while you are in surgery

### Your professional development

Throughout your career, you will need to undertake certain activities to ensure that you are ready for your next step and you are able to gain the experiences you will find fulfilling and useful in your current post.

This section considers these activities and how you can use them to ensure you continue to find your career interesting and satisfying. Specifically, it will cover:

- > planning your career: the next move and making most of opportunities
- > transferable skills

#### *Planning your career: the next move and making the most of your opportunities*

Although there are many people and resources to help you with your career planning and progression, it is important that you remember that this is essentially your responsibility. You should regularly assess your current position against your plans and evaluate what you still need to do (in terms



of acquiring skills and demonstrating that you have done so) to be ready for the next step in your career plan. You are likely to have formal opportunities to do this, either with your educational supervisor or through the appraisal process. However, any meetings you arrange will be far more productive if you also undertake this kind of review yourself beforehand.

Keeping records is helpful in this process. You should make sure that you keep your CV and portfolio up to date and don't just try to collate

everything when you apply for a new job. If you can't face constantly updating your portfolio, at least make sure that you keep any useful documentation so that the job is less arduous when you do undertake it. The kinds of records you should keep are:

- > certificates of attendance at courses/conferences, etc
- > copies of publications
- > correspondence relating to any additional work you have undertaken (eg voluntary teaching)
- > copies of completed workplace-based assessments, etc

You will need to keep your logbook up to date continuously. If you do not complete this as you go along, it will be incredibly difficult to do so in retrospect; unless you have a phenomenal memory, you will not remember and include everything that you have done.



In addition to this, you also need to ensure you undertake all of the required workplace-based assessments considered in your appraisal. A full list of these is available from the ISCP website (<http://www.iscp.ac.uk/>). These assessments are designed both to judge whether you have reached the required

level and to help you consider what you still need to learn. As such, they are invaluable tools to help you consider realistically your progress.

When considered in conjunction with your future plans, records like your portfolio and CV will help you identify any gaps in your skills and experience. Your educational supervisor and the appraisal process will help you consider ways in which you can fill these. However, you should again remember that it is ultimately your responsibility to undertake these actions.

### *Transferable skills*

During your career, you may find that you want or need to reconsider your original plan. Should this be the case, you will find it useful to have an understanding of which of your skills are transferable. You will have gained many skills that can be applied to many situations and you should not limit yourself to thinking you are only capable of succeeding in the specialty in which you have previously trained.

Non-clinical skills that may be transferable to other settings include:

- > management (of resources, time and people)
- > communication
- > decision making
- > negotiation/influencing skills
- > teamwork
- > an understanding of how complex organisations work

These can be applied to a range of careers both inside and outside medicine.

Furthermore, you will also have gained a wealth of clinical skills and knowledge that will allow you to consider either alternative specialties within surgery or alternative medical specialties. You may be particularly suited to a specialty that has strong links with surgery, such as accident and emergency, obstetrics and gynaecology, anaesthetics or interventional radiology.

### **Sources of support**

The London deanery has laid out a clear structure of careers support which will guide you through the stages. Full information about this can be found in their booklet 'Planning your medical career: a guide to carers support'.

This model has four tiers:

1. self-help (for all stages of your career)
2. educational supervisor/appraisers (for all stages of your career)

3. Trust-based educational faculty (for doctors who require expert careers advice and insights)
4. deanery (for doctors experiencing difficulty or require specialist advice and training)

This section covers organisations and websites you can approach in the first stage.

### *The Royal College of Surgeons of England – Opportunities in Surgery*

Opportunities in Surgery (OiS) can provide information on all aspects of surgical careers and can facilitate contact with experienced surgeons if required.

- > <http://www.rcseng.ac.uk/career/opportunities>
- > [OiS@rcseng.ac.uk](mailto:OiS@rcseng.ac.uk)
- > 020 7869 6212



### *The Royal College of Surgeons of England – Women in Surgery*

Women in Surgery (WinS) is a national organisation working to promote surgery as a career for women and to enable women who have chosen a career in surgery to realise their professional goals. WinS' mission is to encourage, enable and inspire women to fulfil their surgical ambitions. You can join the WinS network for free. Through this network, WinS provides advice, guidance and pastoral support for women in surgery and those considering entering it.

- > <http://www.rcseng.ac.uk/career/wins/>
- > [OiS@rcseng.ac.uk](mailto:OiS@rcseng.ac.uk)
- > 020 7869 6212



### *The Royal College of Surgeons of England – regional representatives*

The College works with various local surgeons who coordinate surgery within their region. These include:

- > school of surgery (considers a wide range of issues affecting surgeons in a deanery region)

- > programme directors and surgical tutors (who are responsible for surgical training within a programme or hospital)

You should be aware of who these people are in your region. If you are not, you should contact the College for more information.

### *Specialty associations*

Each surgical specialty has an association. The level of support offered varies between associations; you can find out more by visiting their websites.

### *Intercollegiate Surgical Curriculum Programme (ISCP)*

The ISCP (<http://www.icsp.ac.uk/>) provides details of nine surgical curricula, standards, levels of competence and assessment as well as information and guidance. If you are in the training pathway, you must register with this website.



### *Association of Surgeons in Training (ASiT)*

ASiT is a membership organisation that represents surgical trainees at regional and national level on all major surgical councils and committees (surgical royal colleges, the Joint Committee on Surgical Training, etc). Trainees are supported by specialty representatives who address concerns and queries relating to the specialty and also regional representatives who assist with training issues, give advice and support and put on sponsored educational and recreational meetings. Membership gives trainees discounts on surgical textbooks and the *British Journal of Surgery*. Members are also offered travelling fellowships, places on laparoscopic courses in Paris, subsidised examination courses for the MRCS viva and the FRCS part 3 preparation, discounted surgical loupes and reduced rates on national courses.

### *British Orthopaedic Training Association (BOTA)*

BOTA devolved from ASiT to represent the views of trainees in orthopaedics. It is a membership organisation solely for orthopaedic trainees and offers a similar range of services to those provided by ASiT.

### *Doctors.net.uk*

Doctors.net.uk is an online community for medical students and GMC-registered doctors, providing support through online forum as well as an online library with a wide range of medical resources. It also provides free electronic continuing medical education modules with clinical and professional content.

## **Careers support websites**

### *General medical careers information*

- > Queen Mary, University of London – Career Diagnosis  
<http://www.cxdx.qmul.ac.uk/>
- > British Medical Journal (BMJ) Careers  
<http://careers.bmj.com/careers/advice/advice-overview.html>
- > British Medical Association (BMA) Careers Service  
<http://www.bma.org.uk/ap.nsf/Content/Hubcareersadvicefordoctors>
- > Target Medicine Careers Advice  
<http://targetjobs.co.uk/medicine/>
- > Kent, Surrey and Sussex Deanery – Careers Support  
<http://careers.kssdeanery.org/>

### *Training*

- > Intercollegiate Surgical Curriculum Programme  
<http://www.iscp.ac.uk/>
- > The Foundation Programme  
[www.foundationprogramme.nhs.uk/](http://www.foundationprogramme.nhs.uk/)
- > Modernising Medical Careers  
<http://www.mmc.nhs.uk/>
- > Postgraduate Medical Education and Training Board  
<http://www.pmetb.org.uk/>

### *Choosing a specialty*

- > Specialty Choice Inventory – Sci59  
<http://sci59.open.ac.uk/>
- > London Deanery – Careers  
<http://www.londondeanery.ac.uk/careers/>
- > South Yorkshire and South Humber Deanery – Careers Advice  
<http://www.syshdeanery.com/content.aspx?Group=Careers&Page=Intro%20to%20Careers>
- > North Western Deanery – Careers  
<http://www.nwpgmd.nhs.uk/careers/>
- > NHS Careers  
<http://www.nhscareers.nhs.uk/>

### *The Royal College of Surgeons of England*

- > Careers  
<http://www.rcseng.ac.uk/career/>
- > Opportunities in Surgery  
<http://www.rcseng.ac.uk/career/opportunities>
- > Women in Surgery  
<http://www.rcseng.ac.uk/career/wins/>

### *Organisations*

- > Association of Surgeons in Training  
<http://www.asit.org/>
- > British Orthopaedic Trainees Association  
<http://www.bota.org.uk/>
- > Doctors.net.uk  
<http://www.doctors.net.uk/>

### *Support services for doctors*

- > Confidential Support and Advice Service (for surgeons)  
<http://www.rcseng.ac.uk/support/>
- > MedNet – London Deanery Counselling Service  
<http://www.londondeanery.ac.uk/var/MedNet>
- > The Doctors' Support Network  
<http://www.dsn.org.uk/>
- > British Medical Association Counselling Service and Doctors for Doctors Unit  
<http://www.bma.org.uk/ap.nsf/Content/Hubhealthandwellbeing>

### *Volunteering, working abroad and army medical careers*

- > Médecins Sans Frontières (MSF)  
<http://www.msf.org/>
- > Merlin  
<http://www.merlin.org.uk/>
- > Community Service Volunteers  
<http://www.csv.org.uk/>
- > Voluntary Services Overseas  
<http://www.vso.org.uk/>
- > Army Medical Careers  
<http://www.army.mod.uk/join/career-paths/1099.aspx>

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If you require further information, please contact Opportunities in Surgery:

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020 7869 6212

## LondonDeanery



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