Editorial

Can performance as an undergraduate assist entry selection into surgical training programmes?

A recent document from The Society of Academic and Research Surgeons (SARS) has reinforced the benefits of surgical attachments in the undergraduate curriculum. Surgical firms have a unique place in the curriculum and this should not be underestimated.

Ward-based surgery firms teach a broad range of conditions requiring intervention within a multidisciplinary environment. A period of quality teaching time within the operating theatre is also desirable, especially for students wishing, eventually, to pursue a surgical career. There is mention of the 'operating theatre' in the General Medical Council's *Tomorrow's Doctors* but only a passing reference.^{1,2}

First-hand exposure in an operating theatre provides a certain 'I've been there' experience which is difficult to simulate. It enables students to appreciate common operative procedures, surely essential when surgical implications and consent are being discussed with patients. This provides an example of practical 'communication skills' so highly regarded by medical educationalists and which in this situation can be learnt from an experiential perspective. In addition, the importance of appreciating living pathology is crucial. Both acute and elective surgery highlight pathophysiological principles in a most dramatic style. Other benefits which accrue include experience of team working and active learning strategies.

A period of time within the operating theatre should be scheduled for all medical students – chiefly as an observer but ideally being 'scrubbed up'. By carefully integrating this activity into a surgical teaching programme, educational benefits will accrue provided the operating surgeon, whenever possible, takes the time to explain exactly what is going on and why. Unfortunately, this quality time in the operating theatre is diminishing as undergraduate education becomes increasingly focused towards concepts of health and disease in the community. 'Surgical' firms are in danger of being squeezed out of curricula. In the US, this is thought to have contributed to a significant reduction in medical graduates choosing a surgical career.³

Can the paucity of exposure in the operating theatre as an undergraduate be compensated for within the PRHO (or Foundation) years? – probably not. In one survey in 1968, 20% of the total working time of PRHOs was within the operating theatre.⁴ By 1991, it was less than 5%⁵ and now in many hospitals it is hardly measurable. A frequent complaint by consultants is that they rarely see their PRHO within the operating theatre because they are encouraged to spend more time on the wards with direct patient management.

This results in two problems. First, it is now conceivable that a medical student will qualify without ever having assisted at an operative procedure! Second, how will surgeons of the future acquire initial enthusiasm for a surgical career? At a time when agreement on entry criteria into surgical training programmes is causing controversy, the recognition of appropriate candidates at an early stage is becoming increasingly important and evidence of undergraduate prowess should be sought.

It is unfortunate that changes in the undergraduate curriculum were undertaken prior to, and therefore with little appreciation of, the enormous changes in postgraduate training. The reduction in the length of training programmes and the introduction of the European Working Time Directive means that surgical training programmes must now be far more focused and dedicated to producing competent surgeons with a significant degree of specialisation. It could be argued that there is a conflict between the undergraduate curriculum designed to produce a pluri-potential doctor capable of developing into any specialty and the philosophy of a reduced length of postgraduate training designed to produce a 'super-specialist'.

In my view, the challenge is to recognise individuals, at an early stage of training, who might be suitable for entry into surgical training programmes. Hence, more attention should now be directed towards recognising potential 'high flyers' at an undergraduate level, although with reduced exposure to surgical specialties, this could be

problematical. Following the foundation years, entry into surgical training programmes will be highly competitive and discussion is at present taking place to determine the most appropriate criteria for entry into such programmes. I believe that there are aspects of the undergraduate teaching programme which could be taken into account in this difficult selection process:

- *Merit/Distinction/Honours in some clinical subjects (especially surgery)*
- *An intercalated BSc (First Class or 2:1) – particularly when focused towards clinical surgery or surgical pathology*
- *Clear evidence of a surgical interest such as:*
 - *Award of a surgical prize*
 - *A surgical elective*
 - *Surgical Special Study Modules*
 - *A log book with evidence of significant operative exposure (seen and assisted)*
 - *Membership of the Student Surgical Society at medical school.*

These activities when supported by exemplary references from surgical attachments should be taken into consideration. In order to attract the most talented individuals into surgical training programmes, evidence of commitment and enthusiasm as an undergraduate should be advertised

as being an important surrogate marker for future progress. Surgical consultants must act as role models in this regard and identify potential trainees amongst their enthusiastic medical students. Senior surgeons have a huge responsibility in this regard and should recognise their responsibilities within the undergraduate curriculum.

Let us not shy away from actively encouraging our keen medical students into a surgical career if we feel they have demonstrated the appropriate attitudes and skills. Similarly, we must not provide false hope to students who have failed to demonstrate an active commitment to the surgical specialties. I believe this approach can assist in the difficult selection process, especially when combined with a carefully monitored and assessed Foundation Years Programme.

References

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