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Plastic surgery senior house officers in the UK and Ireland: academic background, publication rates and research plans

I.S. Whitaker a,*, J.R. Eyre a, D. Izadi b, N.D. Rhodes a, I.T.H. Foo a

a Bradford University Hospitals NHS Trust, Bradford, UK
b Addenbrooke’s Hospital School of Clinical Medicine, University of Cambridge, UK

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Summary Academic achievements by surgical trainees may vary according to the competitiveness of the subspecialty and desirability of the consultant post. Plastic and reconstructive surgery is a competitive specialty. In order to assess the level of achievement of current trainees, we investigated the academic qualifications, publication rates and future research plans of 100 senior house officers in plastic surgery working in units in the United Kingdom and Ireland. Selected results from our survey show that 30% had intercalated degrees, 6% had higher degrees, 58% of trainees had MRCS, 37% had previous plastic surgery experience and 57% had published (range 1–13). We believe this study provides interesting information concerning the current crop of plastic surgery trainees in the United Kingdom and Ireland. This survey may provide a benchmark for consultants to refer to when shortlisting for SHO posts. We also believe it will be of interest to those junior trainees hoping to pursue a career in plastic surgery.

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Method

A telephone survey of all 62 plastic surgery units in the United Kingdom and the Republic of Ireland was conducted between April and June 2003. The names, addresses and phone numbers of the units were obtained from the British Association of Plastic Surgeons Website (www.baps.co.uk). The senior house officer on call for plastic surgery was contacted via switchboard. Data were collected from 100 on call plastic surgery senior house officers. Several calls were discontinued due to the on call member of staff being busy. Some senior house officers did not want to answer some of the questions over the phone, these incomplete sets of answers were not included in Section 3. The survey was ended at soon as 100 results had been documented.

*Corresponding author. Address: 8 Avonlea Road, Sale, Cheshire M33 4HZ, UK. Tel.: +44-161-9627563.
E-mail address: iain_whitaker@yahoo.com
Questionnaire

Qualifications

BSc/BA/MA (Cantab/Oxon) Y/N
Have you done a medical school elective in Plastics Y/N
First Plastics Job? Y/N
Years as an SHO — No of plastics jobs before —
MRCS or equivalent Y/N
Anatomy demonstrating Y/N
Publications: Y/N Number: —
Higher degrees
MSc Y/N Plan to? Y/N
MD Y/N Plan to? Y/N
PhD Y/N Plan to? Y/N
USMLE Y/N Plan to? Y/N

Career plans

Career Plastics Y/N
Other —
Plan to go overseas Y/N Research/Clinical fellowship

Results

Twenty-five percent of the senior house officers included in the survey held a BSc or BmedSci, with 5% holding an MA. Three percent held an MSc, 2% an MD and 1% a PhD (see Fig. 1). Fifty-eight percent of those questioned held the MRCS or equivalent qualification with 8% holding Part I of the diploma (see Fig. 2). Six senior house officers held the United States Licensing Medical Exams (USLME) qualification, with three holding STEP 1 and three more intending to take the examination.

Thirty-seven percent of the SHOs had previous plastic surgery experience. The study group had an average of 2.9 years experience as a surgical SHO (range 1–6 years). Thirteen of the senior house officers had demonstrated anatomy, with six of these demonstrating in their home country overseas. Nine had done plastic surgery electives whilst a medical student, six of these electives being done overseas.

With regards to publications, 43% had no publications, 25% had one manuscript published or in press, 23% had between two and five, 8% had between six and 10, with one senior house officer having more than 11 manuscripts accepted for publication (see Fig. 3).

Sixty-eight percent of the plastic surgery senior house officers questioned expressed an interest in following a career in plastic surgery, with 24% orthopaedics bound. Two percent were interested in accident and emergency, 3% general surgery, and 1% each for neurosurgery, paediatric surgery and cardiothoracic surgery (see Fig. 4).

Twenty-nine percent of those questioned expressed an interest in spending time overseas during their training, with 15 intending to do research, eight to do clinical fellowships, and six intending to work abroad long term. In the sample of trainees we questioned, the most common plan was to undertake an MD, and an MSc was the next most popular option. A small minority expressed the desire to do a PhD.

Discussion

Our study shows that the level of academic achievement of plastic surgical trainees is high. Around a quarter of senior house officers held an additional bachelors degree, 5% holding an MA and 6% hold a ‘higher’ degree (3% MSc, 2% MD, 1% PhD). The majority held full membership in one of the Surgical Colleges.

Six senior house officers held the United States Licensing Medical Exams (USLME) qualification, with three holding STEP 1 and three more intending to take the examination. This statistic should raise concern as it indicates at least 10% are seriously considering working outside the NHS following completion of training.

The senior house officers in plastic surgery are a relatively experienced group of ‘junior’ surgical trainees, with the average length of SHO experience being around 3 years, the most experienced SHO having up to 6 years experience. Thirty-seven percent had previous exposure to the specialty. Thirteen of the senior house officers had demonstrated anatomy, with six of these demonstrating in their home country overseas. Only nine SHOs had done plastic surgery electives whilst a medical...
student, indicating that for the majority of trainees, their dedication to the specialty came following qualification.

Fifty-seven percent had published. A quarter had one manuscript published or in press, 23% had between two and five and a handful had more than six. This compares favourably with other published data. The only available literature is from the USA which shows 54% of those applying for orthopaedic surgery, 43% of those applying for radiology and 22% of those applying for gastroenterology fellowships listed at least one article citation on their curriculum vitae.

It has been well documented that publications, research, and the possession of a higher degree are all important components when it comes to appointing registrars, both at home and abroad. Indeed, some authors have suggested that the majority of SHOs would only attempt to acquire publications to improve their curriculum vitae. The 'publish or perish' mentality may be permeating through to some surgical trainees as literature indicates that between 7% and 30% of applicants misrepresented their citations when applying for jobs. Such statistics should be considered by short-listing consultants, and it may be beneficial to check candidates citations electronically prior to interview, and ask the candidates to bring copies of their manuscripts to the interview for discussion.

It has been suggested that an insight into the process of research, evidence based decision making, continuing medical education, and the ability to contribute to the knowledge base, is a necessary component ideal trainee's repertoire.

Previously, plastic surgeons have concentrated on surgical methodology, and only relatively recently have they become interested in basic science. In the sample of trainees we questioned, the most common 'plan' was to undertake an MD, and an MSc was the next most popular option. A small minority expressed the desire to do a PhD. Fifteen percent of SHOs expressed an interest in spending time in research overseas during their training.

It is difficult to obtain significant data concerning research plans of surgical trainees, as it is very easy to produce a statement of intent to undertake research, but it is a huge step to think of a viable study, obtain ethical approval and apply for grants. Although Calman training provides a flexible year for research during higher surgical training, many perceive the gap period between BST and HST as the best time for research activity. For those senior house officers considering a career in plastic surgery, two excellent resources have recently been published in this journal. The first concerns research options for plastic surgery trainees and the second discusses national research activity in plastic surgery units.

We believe this study provides interesting information concerning the current crop of plastic surgery senior house officers in the United Kingdom and Ireland. This survey may provide a benchmark for consultants to refer to when short-listing for SHO posts. We also believe it will be of interest to those junior trainees hoping to pursue a career in plastic surgery.

References


