AOT, the Association of Otolaryngologists' in Training

Update to members re National Selection Criteria

4th December 2023

Dear members,

It came to the attention of AOT, that the National ENT ST3 recruitment criteria for the 2023 round changed shortly after applications opened on the 17th of November 2022.

AOT received and collated feedback from trainees through the national and regional representatives and wrote to the National Selection Team requesting a review of the Self-Assessment scoring system for the incoming ST3 applicants. We wrote to the lead of national selection on 23rd November 2023 and proposed some changes to the scoring process and suggested lowering the point threshold for interview for this year's cohort.

We received a response explaining that the form initially posted on the Yorkshire deanery website was incorrect due to an administrative error, and the team are sorry for any confusion or frustration this may have caused trainees. The responses to specific sections are summarised below.

If you have any further questions please don't hesitate to reach out to your regional representatives and we in turn can pass these on to the national selection committee.

Yours faithfully on behalf of the AOT Committee,

AOT President

Ms Tharsika Myuran

	Retracted 2023 version	Updated 2023	Feedback via AOT reps	National selection team response
1. Time spent allied specialties:	None= 0 points one= 3 points >=2= 6 points	Same	-	
2. Time in ENT	<5m and 21 days= 0 5m and 21 days to 27m= 20 points 27m 7 days to 39m 7 days= 15 points >39m and 7 days= 0 points	<6m= 0 6m to 24m= 20 points 24- 36m= 12 points >36m and 7 days= 4points	There is a sharp decrease in points for the >24months period. Could we know how this cut-off was reached? Is it to help trainees applying for the first time? The 3 months difference can make an applicant lose up to 11 points which could be the difference between getting an interview or not. Many trainees have already started trying to swap jobs to avoid passing the thresholds for lower points. <u>Would you consider using the updated changes for the 2024 recruitment round rather than this year? There is a concern that those in non-training jobs may leave their posts early to avoid being penalised for "too much time" in ENT, exacerbating staffing issues.</u>	"The 'ideal' pathway into ST3 Training is to complete two years of core training generally containing 12 months of ENT, applying for ST3 at the end of CT2 year. However, we recognise that some trainees may take an additional year either at the end of Foundation Year training to gain entry into Core or as a "CT3" to gain entry into ST training. The maximum points for Time in ENT therefore reflects this. We want to encourage good trainees to follow this pathway and avoid them being disadvantaged against poorer trainees who have accumulated points in other section simply by virtue of "being around for a long time", rather than strong motivation, organisation and work ethic. We have evidence from previous years that good trainees who do lose points for time in training more than compensate through achievements in other sections and it is only the poorer candidates who suffer. Unfortunately now that the form is published we cannot change the time in ENT criteria, but we will monitor the situation."
Postgrad degree	none= 0 points one= 4 points >=2 = 6 points	Same	-	

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Peer reviewed theses submitted but not yet awarded	none= 0 points >=1 = 2 points	Same	-	
MSc or equivalent	none= 0 points >=1 = 2 points	Same	-	
Additional clinical and ENT experiences (courses)	7 points	Removed	Whilst many feel certain courses should be included as they are useful and important for higher surgical training, accessibility remains varied and AOT recognise the removal of courses is to support equity in surgery.	" This is a HEE/MDRS directive to ensure equality of access across all trainees."
Peer publications	1st author, non-first author, non peer, peer reviewed before leaving medical school	Same BUT need to be on impact factor list Collaborative research added	AOT have concerns about publications needing to be from a certain list of journals since there are journals with impact factor and PubMed indices (PMID) that are not on the list. PMID publications were always a requirement as it standardised the quality of the research work. But changing the requirement to certain journals alone reflects non-inclusivity and exposes bias in research, which is well known. We understand there may be concern for trainees who pay APC charges to get published but this can be tackled by asking if any publications required payment and then letting the scorer make a judgement.	" aim of this section is to reward trainees for completing or contributing to good quality peer reviewed publications. Unfortunately it is the section that is most open to applicants "gaming" the system. It is the section that produces the highest number of appeals and therefore requires robust criteria to separate good versus bad publications. To give an extreme example, it would be very unfair to reward a trainee with three publications in Nature with a trainee who has posted 3 non-peer reviewed case reports on an online pay for publication site. The changes on the current self-assessment form were discussed immediately following last year's appeals panel and ratified through discussion with the ENT UK President, the SAC Chair and the National Selection Committee…Applicants can be reassured that all publications submitted will be considered and where there are good quality journals that do not meet these criteria these will be accepted. This is an evolving

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			Furthermore, several respected ENT journals are missing from the list including European Archive of Otolaryngology. As you can score points for your academic achievements even 'before leaving medical school' trainees start working towards this selection process before they even graduate. To be informed now that their achievement is not in the right journal has been received as disappointing and demoralising. <u>We suggest removing the approved journal list for this intake, and consider applying it for publications dated 2023 onwards.</u>	process. The aim is not to exclude good quality publications, but to avoid rewarding poor ones. There will be flexibility in awarding points to legitimate papers, even if they are not included on the proposed list: as this is the first time such a criteria has been used."
Audits	Closed loops, single audit, not primary author. Audit forms as evidence	Same but now also need proof of presentation- like audit department letter	Audit forms were introduced in the 2021 recruitment year. In 2022 recruitment, this was changed to a different audit form along with a supervisor signature and hospital stamp. In this upcoming year 2023, this has been further complicated with a requirement of a letter from the audit department adding unnecessary extra work for trainees Collecting detailed audit evidence from years prior may not be possible due to logistical reasons and this puts trainees at a disadvantage and discredits work they have done. Repeated changes in rules and type of	"Again this is a section where a significant number of trainees 'game' the system and we have therefore had to create a system where the evidence collected is as robust and objective as possible. There are some contingencies for trainees where getting hospital stamps etc are not possible and the assessors working on the self-assessment validation panel will offer some flexibility on this, but once again the aim is to reward those trainees who have worked hard to produce good quality closed loop audits."

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			evidence puts additional work on trainees and trainers, for arguably minimal increase in reliability. We suggest that evidence-gathering deadlines be extended to the point of interviews, and for the new forms to be applicable for audits done from 2021 onwards. (i.e. for audits prior to this forms as per the 2022 criteria would be accepted).	
Presentations	poster, and oral (national, regional)	Same but must be original work (e.g. teaching presentations will not be accepted)	-	
Surgical logbook	5 indication procedures- 2 each to get max points of 10 Tonsillectomy Grommet MUA nasal bone Polypectomy Direct pharyngoscopy, laryngoscopy	At least **4** each now As before but also EUA + remove FB Cervical LN biopsy Excision skin lesion H&N Pinna haematoma drainage or suture pinna laceration	In general, the new procedures added is a welcome change with some minor adjustments. AOT are in favour of EUA+FB removal and Pinna trauma management as this represents important on-call procedures. Could removal of FB without GA be included? Arguably this can be more challenging at time compared to GA. Procedures like 'Skin lesion excision' which are infrequently done and variable depending on department, trsut and region; also 'Cervical LN Biopsy' when most departments have experienced radiologist performing core biopsies, adds a postcode lottery to these points.	"We have incrementally increased the index procedures and number of times performed in this section over the last few years. This is because it has previously been a poor discriminator with all applicants scoring maximum points..accept your comments about core biopsy vs Cervical node biopsy, but ..there are still sufficient node biopsies and opportunities for keen trainees to meet this criteria. To a certain extent we hope that though increasing the objectives for ST3 application we will drive quality improvement in Core Training and increase opportunities to trainees for surgical experience."

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			We suggest removing 'Cervical LN biopsy' from the list of procedures and consider that 'Excision of skin lesion' has fewer points.	
Medical teaching	Organiser max points	Same	-	
Teaching qualification	none= 0 Training the trainer OR PGCert= 1 Diploma= 2 MSc= 3	none= 0 Removed training the trainer PGCert= 1 Diploma= 2	Teaching is an integral part of surgical training irrespective of qualifications in medical education. The TTT course is a lot more affordable to most trainees compared to PGCert and PGDip. International Medical Graduates are most affected by this as their fee requirements are significantly disproportionately high. We suggest keeping TTT for this intake	"We had to remove Training the Trainer because it is a course and therefore is subject to the same MDRS ruling on all courses. We hope that although most trainees won't have completed a Diploma or PGCert, those that have shown a commitment to teaching will score well in the first part of this question."

To conclude they added:

"It is important for trainees to be aware that unlike an exam, the purpose of National Selection is to stretch trainees to the limit of their ability and experience so that we can get a wide range of scores. If every trainee scores 100% on every section it would be a pointless exercise. We therefore challenge trainees often beyond their expected ability to identify the strongest candidates and give them the opportunity to prove themselves. It is a constantly evolving process that we have to accept will never be perfect. As always we welcome representatives of AOT to be involved in every part of the process and value their input."