

Main Article

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The ENT run through pilot: a questionnaire survey of 23 trainees

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Abstract

Objective. The ENT run through pilot was introduced in 2018 to improve early recruitment to the specialty. This study aimed to understand what makes a successful interview applicant and the experience of the run through trainees during the specialty trainee one and specialty trainee two years.

Method. A questionnaire survey was sent to all ENT run through trainees.

Results. Twenty-three trainees responded. Of the successful candidates, 74 per cent held additional degrees prior to application. The median core surgical interview rank was 27 (range: 3–174). Trainees felt that being on the run through pilot had increased ENT trainer engagement.

Conclusion. The ENT run through posts are highly competitive, and holding an additional degree may improve applicant success. The pilot programme has been successful by increasing trainer engagement at this critical stage of training. These results will enable development of the pilot programme and provide valuable information for those applying to an ENT run through post.

Introduction

The ENT specialty is known to be underrepresented in the undergraduate curriculum, and competition for specialty trainee year 3 posts fell to 1.63 applicants per post in 2016.^{1,2} Core surgical training was seen as a contributing factor, defocusing and demotivating ENT trainees.³ The ENT run through programme, introduced in 2018, aimed to improve early recruitment to the specialty by allowing trainees to begin specialist training at specialty training year 1. In addition, the run through pilot aimed to provide geographical training stability, competition-free transition to specialty training year 3, early engagement with ENT UK and refocused ENT training in the early years.⁴ The success of run through training programmes has been variable in other specialties.³ Candidate selection occurred at the core surgical interview and is a highly competitive process with 1870 and 1896 applicants in 2018 and 2019, respectively, for all surgical specialties.^{5,6}

This study aimed to understand what makes a successful interview applicant and the experience of the run through trainees during the specialty training 1 and specialty trainee 2 years. The General Medical Council requested evaluation of the programme, which this study goes some way to address.

Materials and methods

A questionnaire survey was sent to all current ENT specialty trainee 1 and specialty trainee 2 run through trainees in England on 6th November 2019 (Figure 1). The survey had three aims: (1) to identify the background of successful candidates, (2) to determine the satisfaction of the run through trainees and (3) to investigate progression to specialty trainee 3. The questionnaire results were recorded on google forms online.

Results

Of the 26 run through trainees in England, 23 responded (12 from specialty trainee 1 and 11 from specialty trainee 2). The educational background of the trainees found 12 attended private secondary schools and 11 attended state-run secondary schools. The most frequent year of graduation was 2016, with the largest number of trainees graduating from the University of Birmingham (Figure 2). Seventeen trainees held additional degrees, and 4 were in an alternative training programme prior to starting specialty trainee 1. The majority ($n = 11$) of trainees moved straight from foundation training into a run through post with 8 and 4 trainees having a 1- and 2-year gap, respectively. The median amount of ENT exposure (including foundation training) prior to starting specialty trainee 1 was 4 months (range: 0–17 months; Figure 3).

The trainees most commonly decided to pursue a career in ENT on the year of the interview or the preceding year (Figure 4). For those who successfully attained an ENT run through post, the median ranking position at the core surgical interview was 27 (range: 3–174) out of 1883 applicants (mean applicants over both 2018 and 2019

Otolaryngology Run Through Questionnaire

Background of Otolaryngology run through trainees

- | | |
|--|-----------------|
| 1. Are you an ST1 or ST2? | ST1 / ST2 |
| 2. What is your training region? | _____ |
| 3. Did you attend private or state run secondary school? | Private / State |
| 4. Which undergraduate medical school did you attend and what was your year of graduation? | _____ |
| 5. List any additional degrees you achieved prior to starting your ENT ST1 post? | _____ |
| 6. How many years prior to the core surgical training interview did you decide to pursue a career in ENT? | _____ |
| 7. How many months of ENT experience did you have prior to starting the ST1 post? (including foundation training) | _____ |
| 8. What was the time gap between finishing foundation training or equivalent and starting an ST1 ENT post? (Years) | _____ |
| 9. What was your ranking at core surgical training interview? | _____ |
| 10. Did you rank a non run through ENT core training post at interview? | Yes / No |
| 11. Was being based in one geographical region throughout training a factor in applying for an ENT run through post? | Yes / No |
| 12. Are you a member of ENT UK? | Yes / No |

Investigating the satisfaction of Otolaryngology run through trainees

- | | |
|---|----------------|
| 1. What interaction have you had with your regional run through training lead? | _____ |
| 2. Has the regional run through lead been helpful? | Yes / No / N/A |
| 3. How many allied specialities placements will you have during ST1 and ST2? (≥4 months duration) | _____ |
| 4. How many months will you spend in a tertiary care ENT centre during ST1 & ST2? | _____ |
| 5. How many months will you spend in a secondary care ENT centre during ST1 & ST2? | _____ |
| 6. In your opinion: Being an ENT run through trainee has increased ENT trainer engagement: Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree | |
| 7. In your opinion: Being an ENT run through trainee has increased Non-ENT trainer engagement: Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree | |

Progression to ST3 (ST2s to complete only)

- | | |
|---|----------|
| 1. In your opinion: Has your run through training post equipped you with the skills to progress to ST3? | Yes / No |
| 2. Do you plan to attend the next ENT ST3 national selection and if yes why? | Yes / No |
| 3. Are you planning to attend the ENT ST3 national induction boot camp in 2020? | Yes / No |

Fig. 1. The otolaryngology run through questionnaire. ST = specialty trainee

interviews).^{5,6} Core surgical applicants can choose to apply to run through ENT (specialty training year 1) and non-run through core surgical training posts. In total, 91 per cent of the successful ENT run through trainees selected a non-run through post in their preferences list in addition to their run

through post. Of those surveyed, 87 per cent stated geographical stability was a factor in applying for the run through post.

During the run through pilot, 48 per cent of trainees had contact with their regional trainee run through lead; of those, 45 per cent found this helpful. Overall, trainees will spend a

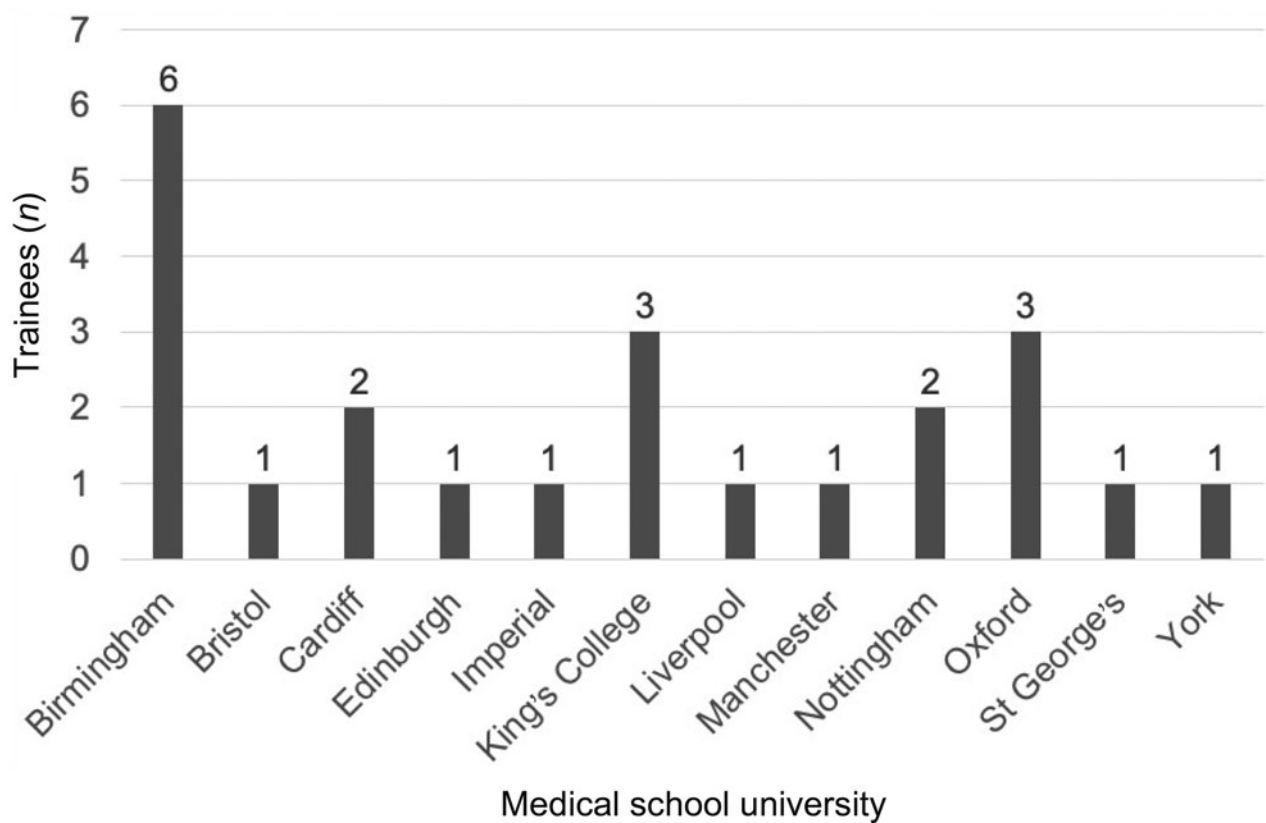


Fig. 2. Graph showing ENT run through trainees by undergraduate medical school university.

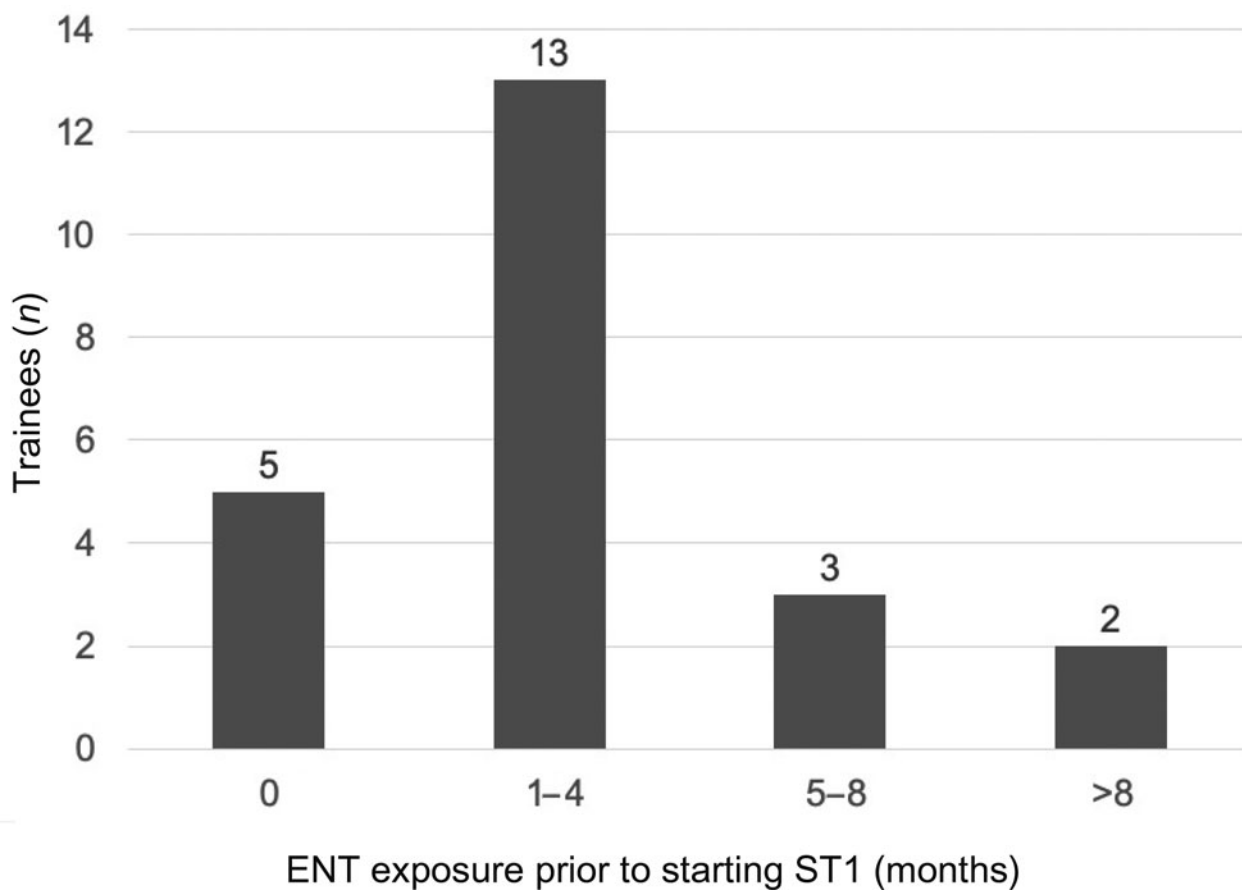


Fig. 3. Graph showing ENT experience prior to starting an ENT specialty trainee 1 post. ST = specialty trainee

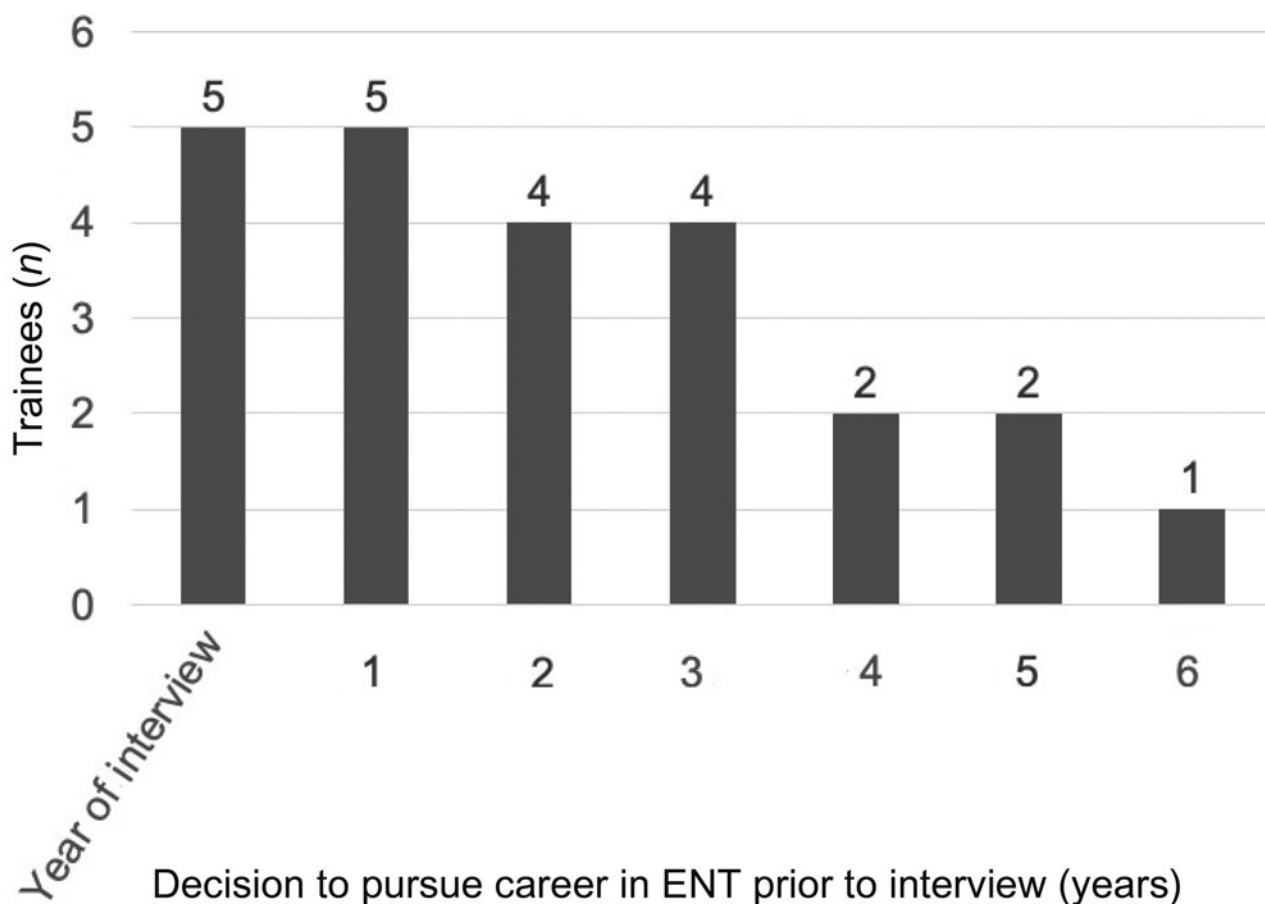


Fig. 4. Graph showing how long before the run through specialty training interview that trainees made the decision to pursue a career in ENT.

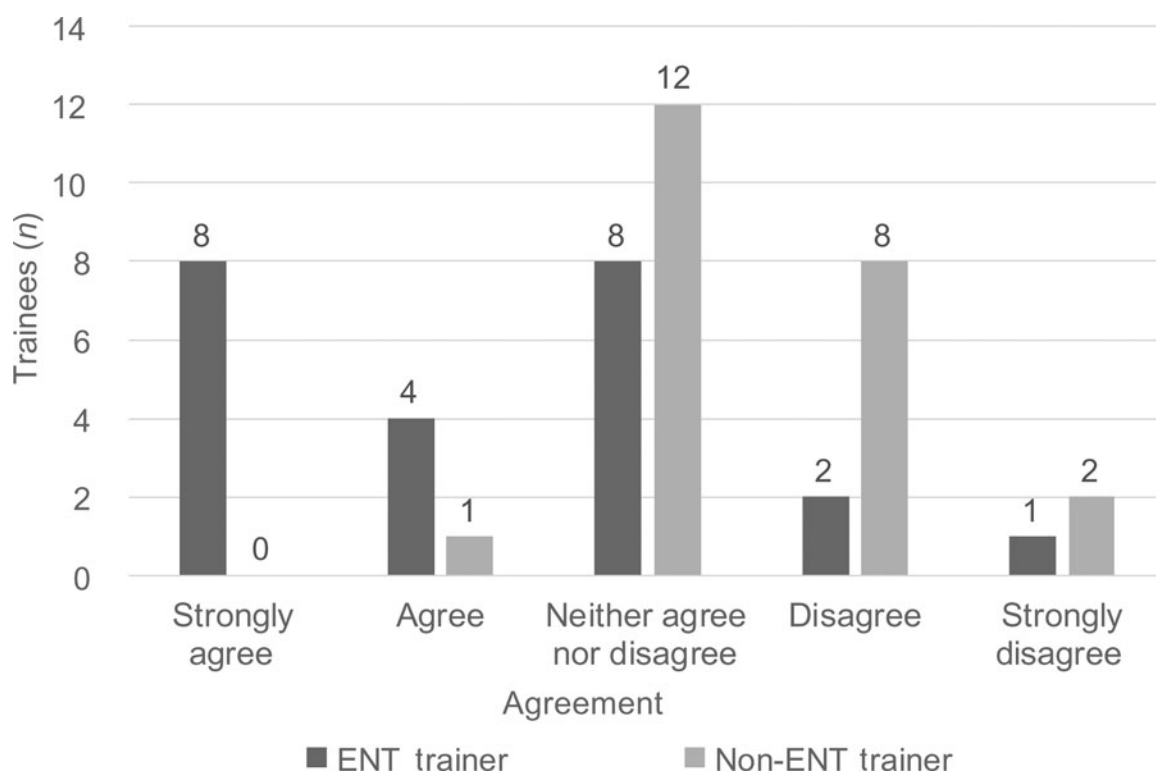


Fig. 5. Graph showing improved trainer engagement for ENT run through trainees: ENT versus non-ENT trainers.

median of 6 months (range: 0–16 months) in both a secondary and tertiary ENT centre, with 10 trainees only experiencing one of these care settings. Additionally, 91 per cent of trainees have

2 allied specialty placements during their specialty trainee 1 and specialty trainee 2 years. The majority of the trainees thought that being on the run-through pilot had increased ENT trainer

engagement; however, this was not perceived for non-ENT trainees (Figure 5). Nineteen trainees were members of ENT UK at the time of survey.

Of the 11 surveyed specialty year 2 trainees, 9 felt equipped to go on to specialty trainee 3, 3 planned to attend the 2020 national selection and 10 planned to attend the specialty trainee 3 bootcamp. The trainees attending ENT national selection had the aim of changing region.

Discussion

Understanding what makes a successful interview candidate has interested the medical community for some time.⁷ This is the first study to investigate the background and experience of ENT run through trainees. As the ENT specialty training year 3 competition ratio increases (2.57 applicants per post in 2019), junior trainees interested in securing a national training number will seek to gain a run through post.⁶ In addition, the run through programme will likely further increase the competition ratio at specialty trainee 3 by reducing overall available posts.

- This is the first study to investigate the background and experience of ENT run through trainees
- Run through ENT posts are extremely competitive, requiring a median core surgical interview rank of 27
- Holding additional degrees and transitioning directly from foundation training may improve applicant success
- Run through the pilot has been successful in attracting candidates by providing geographical stability and encouraging early engagement with ENT UK

This questionnaire demonstrated that 52 per cent of successful run through candidates came from a private schooling background. A recent report from the social mobility commission showed that only 7 per cent of the UK population attends a fee-paying school,⁸ therefore showing that there is an over-representation of those with a private education entering the ENT run through programme. Holding an additional degree and transitioning directly from a foundation programme seems to increase the likelihood of interview success. Manjaly and Radford surveyed successful ENT specialty trainee 3 applicants in 2012.⁷ They also found that trainees who held additional degrees and spent less time out of training were more likely to be successful at interview. It is interesting that candidates graduated from 12 different universities, but a large proportion came from the University of Birmingham (Figure 2). It could be proposed that undergraduates at this institution had a greater exposure to ENT or that training better prepared them for the core interview process.

The pilot programme currently allows candidates to gain an ENT national training number by a non-ENT selection process. A specialty-specific selection process would be able to deliver a comparable interview to specialty trainee 3 recruitment and assess candidates' interest and engagement with ENT. This would standardise recruitment to ENT national training number posts and encourage applications from only those with a true interest in the specialty. This study demonstrates that many current run through trainees had little exposure of ENT prior to application (Figure 3). As a result, it may prevent immediate transfer from foundation training, and there is no doubt that duplication of the interview process would increase consultant time required.

Lack of exposure to ENT certainly does not preclude candidate success (Figure 3). Nine of the trainees had less than four months ENT exposure prior to gaining a national training

number. Some may argue that this is insufficient exposure to determine a true interest in the specialty and could lead to a higher dissatisfaction and dropout rate. In addition, it is interesting that the majority of trainees decided to pursue a career in ENT during the interview year or one year previous to it (Figure 4).

A similar pattern was observed when surveying ENT specialty year 3 trainees in 2012, with 32 per cent of successful applicants deciding to pursue a career in ENT one year prior to interview.⁷ This suggests that the introduction of the run through pilot may have influenced the specialty decision of junior trainees attending the core surgical interview. The majority of trainees (91 per cent) selected non-run through core surgical training posts in their job preferences list in addition to ENT run through posts. This demonstrates that trainees were interested in the specialty regardless of national training number success. Attracting trainees to the specialty is vitally important to maintain high standards within ENT. The results also show that the pilot has achieved two of its objectives, by attracting candidates with geographical training stability and early engagement with ENT UK.⁴

Trainees should have access to a regional trainee run through lead. The questionnaire results demonstrate that less than half of trainees had contact with the lead, and of those who did, only 45 per cent found this useful. Regional leads may find it difficult to guide and advise trainees when there is little information available and the pilot programme is in its infancy. Furthermore, exposure to secondary and tertiary ENT services seems to be variable amongst the run through trainees. The majority of trainees have exposure to two allied specialties which would achieve maximum points in this domain in the 2020 specialty trainee 3 portfolio marking scheme. Standardisation of placements is required to provide exposure to both secondary and tertiary ENT and allied specialties prior to specialty trainee 3.

Trainer engagement is vitally important in helping to motivate and fulfil the potential of trainees. The perceived increase in ENT trainer engagement further solidifies the role of the run through programme in ENT training. However, this may come at the cost of reduced engagement with allied specialty trainers who may have a reduced motivation to train those whose specialty interest has already been decided (Figure 5).

Of the specialty year 2 trainees, the majority felt prepared to start specialty training year 3 and would engage with the specialty trainee boot camp. It was interesting that 27 per cent of specialty year 2 trainees intended to attend the specialty training year 3 interview in 2020 in order to change region. This slightly contradicts the benefit of improved geographical stability offered by the run through programme.

This study had an excellent uptake of the questionnaire with 88 per cent of the current run through trainees responding in full. This provides a very good representation of the current run through cohort. The total number of trainees was calculated from the number of run through jobs advertised. It is not possible to say whether those who did not respond chose not to or whether the post was not filled or is now vacant.

This nationwide ENT run through questionnaire allows an insight into the background and progress of the trainees who were successful in attaining a run through post. The pilot has been successful in attracting candidates by providing geographical stability and removing the need for further interview at specialty training year 3 level. An additional benefit of the run through programme has been to improve ENT trainer engagement which is critical at this stage of training. Changes should be made to improve contact between the regional run through

lead and their trainees and to ensure standardisation of placements. These results will enable development of the pilot programme and provide valuable information for those applying to an ENT run through post.

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Competing interests. None declared

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