

Editorial

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At the beginning of each year, a subcommittee of ENT surgeons affiliated with *The Journal of Laryngology & Otology* editorial board spend a considerable amount of time scoring and discussing *The Journal's* output of the previous year to gain a consensus on the 'best papers' for the year. The subcommittee is chaired by Jonathan Fishman (editor). The two categories for this year were 'best systematic review' and 'best original manuscript'. We are indebted to Patrick Bradley (Nottingham), Desmond Nunez (Vancouver) and Iain Swan (Glasgow) for their involvement in this worthwhile but onerous task, and also to our managing editor Catherine Hyland for collating scores. Mr Fishman will present the papers at *The Journal's* annual meeting at the end of February 2024.

This year's winner in the 'best systematic review' category was a team from Plymouth, Bristol and London (UK): Zhu Y *et al.* Systematic review and meta-analysis of the diagnostic effectiveness of positron emission tomography-computed tomography versus magnetic resonance imaging in the post-treatment surveillance of head and neck squamous cell carcinoma.¹

This year's winner in the 'best original manuscript' category was a study from a team from Glasgow that should be helpful for all skull-base teams who counsel patients and plan the management of vestibular schwannomas: Donghun K *et al.* How many growing vestibular schwannomas tend to stop growing without any treatment?²

We congratulate both winning teams on their success and encourage other authors or potential authors to submit their best-quality papers to be considered for future prizes.

This March 2024 issue of *The Journal* includes the 'paper of the month', which is from Leicester and Surrey (UK) and comprises an analysis of 60 successful candidates who applied for specialist surgical training in ENT in the UK in recent years.³ This paper will be of very great interest to anyone who is planning a career in ENT, and is the latest in a long history of training-related publications in the journal.^{4,5} Potential ENT surgeons need to know how to build up a successful portfolio, how competitive the process is, whether failure at the first attempt is a disaster, the role of higher degrees, the cost of building a portfolio, the relevance of courses and when in their early years to obtain experience in ENT. These questions all have answers that can change radically over time as the rules change, and the flow of candidates and number of available posts change. The sample size of 60 in this survey could have been higher, but it includes a wide geographical spread and seems sufficient to gain useful insights into the main topics of interest to candidates. The high cost of training described in the paper is noteworthy, as is the current competition ratio for applicants to posts of 3.6:1 in 2022 and 4.4:1 in 2021, varying over time. The main take-home message is that failure at the first attempt to gain a specialist training post, although naturally disappointing for every candidate, should not lead to despair for the initially unsuccessful candidate: improve the portfolio and have another attempt. Good luck!

References

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