

2022 Core Surgical Training Self-Assessment Scoring Guidance for Candidates



Introduction

The 2022 Core Surgical Training CT1 and Improving Surgical Training ST1 National Selection self-assessment and evidence verification scoring process is described in detail below.

Please ensure that you have read the following document carefully in full prior to submitting your application as there are CHANGES from previous years. This document should be read in conjunction with the Supplementary Applicant Handbook.

Please note that the same scoring criteria are used for both the self-assessment submission on Oriol and for the portfolio evidence verification process.

General Information

- This document will provide details of the domains, points available and the descriptors and mandatory evidence required to be submitted to award points in each domain.
- At time of application, all candidates will be required to complete a self-assessment score based on their own achievements in various domains. This is mandatory and candidates will be unable to submit their application without completing this. Please ensure that you answer each question honestly and to the best of your knowledge. You must ensure that all questions answered within the 'self-assessment' are accurate at the time of submission.
- The portfolio evidence portal will open from 10/12/2021 and close 30/12/2021. All evidence must be uploaded prior to the closing deadline
- Evidence to support your self-assessment score can only be accepted via the dedicated upload portal. Evidence provided to HEE by any other means will not be accepted.

Guidance for Permissible Evidence/Achievements

- When determining which point score to select in each domain you should not select an answer based on qualifications not yet given, courses not yet taken etc.

All achievements should be completed at time of application.

ANY ACHIEVEMENTS CLAIMED MUST HAVE BEEN UNDERTAKEN AFTER COMMENCING YOUR MEDICAL OR FIRST UNDERGRADUATE DEGREE (ACHIEVEMENTS COMPLETED FROM SCHOOL OR BEFORE UNIVERSITY ARE EXCLUDED)
- A specific achievement can only be used to score points in one domain only. Hence ensure that the achievement used is applied to the domain where the highest points can be awarded.
- If you have more than one achievement within a single domain then you should select the ONE which would give you the highest score.
- Please note that it is the candidate's sole discretion as to which response they select in the self-assessment. Under no circumstances will the London and Kent, Surrey and Sussex Recruitment Office will be able to advise you which option to choose.

- If no evidence is uploaded in a single domain on the portal at submission, then the evidence verification panel will award a score of zero for that domain.
- Once you have submitted your application, you will no longer be able to amend the 'self-assessment' section of your application. Therefore, you should carefully check you have assigned the most appropriate score for each domain and that the required evidence is uploaded before you submit your application.

Shortlisting Process

- Approximately 1300 trainees can be accommodated at the evidence verification stage. Therefore, the self-assessment score will be used to shortlist if more than 1300 (approximately) eligible applications are received. The verified evidence score is then used to determine which applicants are invited to interview and will be used in the final points score for job offers.

Verification Process

- **All shortlisted applicants will proceed to the portfolio verification stage where assessors will appraise the evidence uploaded to confirm whether the self-assessed point score in each domain is valid.**
- If the verifiers feel that there is insufficient/incomplete evidence for the number of points you have claimed in your self-assessment they will reduce your score in that section to the points they feel is appropriate.
- Any instance of candidates trying to gain an unfair advantage by over-claiming scores for and/or exaggerating their achievements will be taken extremely seriously. This could lead to an application either being marked down, removed from the recruitment process, or, in more serious cases, could be reported as a probity matter to the GMC.
- Please bear in mind the GMC's Good Medical Practice guidelines on probity including "You must always be honest about your experience, qualifications and position, particularly when applying for posts." ([GMC Good Practice](#))

Patient Identifiable Data (PID):

- No uploaded evidence should identify patients. This includes, for example, thank-you cards/letters from patients' families. **Hospital numbers are also an example of patient identifiable data. There is no requirement to upload any evidence with potential patient identifiable data.**
- Instances where patient identifiable data is found in an applicant's evidence may be reported to the GMC and further action may be taken.
- For more information on PID, please refer to the GMC's confidentiality guidance pages <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>.

2022 Core Surgical Training Self-Assessment Scoring Guide

The tables below outline for each domain the level of achievement required for each point tier.

Additional notes to aid applicants in selecting the most appropriate point score for each domain is provided below each table.

It is detailed the MANDATORY EVIDENCE to be uploaded to confirm your score in each domain. Where necessary, examples are provided of appropriate achievements which, are not exhaustive and are only for illustrative purposes. A certified, authenticated translation should be provided for any documentation which is not written in English.

Commitment to specialty (all surgical specialties)

Any evidence provided in this section must not be used to claim points in any other domain.

Option	Score	Notes
MRCS Part A Examination: choose one of the following options		
I have sat and passed the MRCS part A Examination	4	Evidence of a pass in MRCS part A required. Please see below for acceptable evidence.
I have sat the MRCS part A Examination and failed OR I have already booked to sit the exam in the future OR I have not sat and have not booked an MRCS part A exam	0	
Attendance at surgical courses: choose one of the following options		
I have attended 4 or more surgical courses (see additional note)	4	Proof of attendance must be provided. Please see below for acceptable evidence.
I have attended 2-3 surgical course	2	
I have attended at 1 or fewer surgical courses	0	
Operative experience: choose one of the following options		
Involvement in 30-39 cases or more	6	Verified logbook evidence must be provided. Please see below for acceptable evidence.
Involvement in 20-29 cases	4	
Involvement in 11-19 cases	2	
Involved in less than 10 cases / no evidence	0	
Attendance at surgical conferences: choose one of the following options		
I have attended 3 surgical conferences	3	Proof of attendance must be provided. Please see below for acceptable evidence.
I have attended 2 surgical conferences	2	
I have attended 1 surgical conference	1	
I have not attended any surgical conferences	0	
Surgical Experience: choose one of the following options		
I have undertaken an elective in a surgical specialty (minimum 4 weeks) Or	3	Proof of completion must be provided. Please see below for acceptable evidence

I have undertaken a surgical placement (see additional notes below) during my foundation training or equivalent (minimum 12 weeks)		Intent of surgical placement is acceptable if due to COVID redeployment the full 12 weeks were not undertaken in the surgical department
I have attended a surgical taster week (minimum 5 days, can be non-consecutive days) (see additional notes below)	2	Proof of completion must be provided. Please see below for acceptable evidence
I have not undertaken a surgical taster/elective	0	

Additional notes

Surgical placement- Recognised surgical placements include Plastic Surgery, Neurosurgery, Vascular Surgery, ENT Surgery, Cardiac/Thoracic surgery, ITU, Urology, Oral & Maxillofacial Surgery, General Surgery, Orthopaedic Surgery, Paediatric Surgery. Intended surgical placements will also be acceptable if those placements were affected due to COVID redeployment

Surgical taster- A surgical taster must have covered at least 5 days in total though does not need to be undertaken in consecutive days. A 5-day surgical taster booked for 2022 will receive 0 points.

Please refer to the appendix for definition of

1. Surgical course
2. Surgical conference

All surgical experience should be evidenced by recording in the UK Pan-Surgical Logbook (eLogbook).

Evidence required for confirmation of MRCS part a pass

1. Copy of ICBSE letter confirming part a pass

Evidence required for confirmation of surgical course attendance

1. Copy of course attendance certificate detailing
 - a. Name of applicant
 - b. Name of course
 - c. Organising body
 - d. Date of course
 - e. Where appropriate detailing CPD points

Evidence required for confirmation of surgical experience

1. Consolidation report for each specialty to include
 - The summary sheet of the consolidation report (detailing the number of procedures undertaken and the date range the operations undertaken) needs to be
 - signed by a consultant including their
 - Full name,
 - GMC number (or corresponding national medical registration equivalent)
 - The date the consultant validated the summary sheet.

Cont'd

Please do not provide a copy of your entire logbook. Your personal involvement can include assisting or supervised trainer scrubbed procedures though not observed and must not include procedures that all UK trainees are expected to have signed off as part of their foundation competencies.

Evidence required for confirmation of surgical conferences

1. Copy of conference attendance certificate detailing
 - a. Name of applicant
 - b. Name of conference
 - c. Organising body
 - d. Date of conference
 - e. Where appropriate detailing CPD points

Evidence required for confirmation of Surgical elective

1. A signed letter/document on official letterhead by your educational supervisor including
 - a. The surgical placement and hospital
 - b. the dates undertaken,
 - c. name of supervisor and their GMC no (or corresponding national medical registration equivalent)

Evidence required for confirmation of Surgical placement

1. A signed letter/document on official letterhead by your educational supervisor including
 - a. The surgical placement and hospital
 - b. the dates undertaken,
 - c. name of supervisor and their GMC no (or corresponding national medical registration equivalent)

Evidence required for confirmation of Surgical taster

1. A signed letter/document on official letterhead by your educational supervisor including
 - a. The surgical department and hospital
 - b. the dates undertaken
 - c. name of supervisor and their GMC no (or corresponding national medical registration equivalent)

Postgraduate degrees and qualifications and additional degrees

Option	Score	Notes
PhD by additional research (ISCED level 8). This can include non-medical qualifications.	4	Indicatively full-time research involving original work, usually of at least three years' duration, and ideally resulting in one or more peer-reviewed publications
Bachelor's degree (ISCED level 6) in addition to primary medical qualification; 1st class honors or equivalent . This can include non-medical degrees or BDS	3	
Degree obtained during medical course (e.g., intercalation, BSc, BA, etc. (ISCED level 6)) - 1st class honors or equivalent	3	This must be a specific course that usually lasts for three university terms (or equivalent) and is eight months or more duration (full

		time equivalent). It is usually undertaken during your period of study in medical school.
Research masters degrees MD (UK only).	3	You undertook full-time research involving original work, usually of at least two years' duration, and ideally resulting in one or more peer-reviewed publications in a field related to medicine.
Single-year postgraduate degree (e.g. MSc, MA, MRes, MPhil etc (ISCED level 7)). This can include non-medical qualifications	2	This must be a specific course that usually lasts for three university terms (or equivalent) and is eight months or more duration (full time equivalent); it must not be claimed for upgrading an intercalated bachelor's degree without further study as is offered by some universities
Degree obtained during medical course (e.g., intercalation, BSC, BA, etc. (ISCED level 6)) - 2.1 or equivalent	2	
Bachelor's degree (ISCED level 6) in addition to primary medical qualification - 2.1 or equivalent (can include non-medical related degrees or BDS)	2	
Any other degrees or qualifications in addition to Primary Medical Qualification not covered in the above categories	1	For example: certificates or diplomas that do not fall into the above categories, partial higher degrees such as PGCert, PGDip, intercalated degrees achieving 2.2 or lower.
Primary medical qualification only	0	

Additional Notes

All postgraduate degrees and qualifications will be defined based on the International Standard Classification of Education (ISCED) (UN International Family of Economic and Social Classifications) please refer to the following link

<http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf>

For international applicants please refer to the following link for guidance on the international equivalence of a 1st class degree classification, 2:1 degree classification to enable self-assessment of points allocation etc.

<https://www.gov.uk/government/publications/overseas-degree-equivalency-table-and-methodology>

NB: If you gained your medical qualification in a country where all students are automatically awarded an MD without additional study you cannot claim points for that MD.

Please note that any postgraduate degrees/qualifications related to medical education/teaching should not be scored for in this section and should instead be included in the **Training in Teaching** section.

UK Specialty membership examinations or their international equivalent score 0 points in this section.

Evidence required:

1. Copy of Degree Certificate to include

- a. Applicant name
- b. Awarding institution
- c. Date of award

Prizes/Awards

Option	Score	Notes
Awarded a prize from a recognised surgical institution or national conference/national meeting OR Distinction at Final Year undergraduate level	6	The prize should be open to all medical undergraduates and/or postgraduates in the country of training (please see appendix for national definition)
Awarded a prize from a recognised regional institution or conference	3	The prize should be open to all medical undergraduates and/or medical postgraduates in a region (please see appendix for regional definition)
More than 1 prize awarded at a local institution	2	The prize should be open to all medical undergraduates and/or medical postgraduates in a specific locality/organisation (e.g., NHS trust, hospital, primary care network) (please see appendix for local definition)
1 prize awarded at a local institution	1	The prize should be open to all medical undergraduates and/or medical postgraduates in a specific locality/organisation (please see appendix for local definition)
No prizes	0	

Additional Notes

Prizes are typically awarded following open competition through a peer reviewed process.

Evidence Required:

1. Copy of the prize certificate
OR
2. Copy of headed letter from awarding institution or conference convenor detailing prize award

The evidence provided must include:

- a. Applicant name
- b. Prize awarded
- c. Date of award
- d. Awarding institution or conference convenor

Quality Improvement/Clinical Audit

Option	Score	Notes
I was involved as Lead in ALL aspects of a surgically themed clinical audit or QI project that has demonstrated change (i.e., second cycle/closed audit loop) AND I presented this at a minimum of a regional/local meeting	8	You participated in all stages of the audit/QI project (planning, data collection, data analysis, implementing change and involvement in at least two cycles) and you presented this at a national or regional or local organisation meeting (e.g., deanery NHS trust, hospital, primary care network). The project must be surgically themed.
I was involved as Lead in ALL aspects of a clinical audit or QI project that has demonstrated change (i.e., second cycle/ closed audit loop) AND I presented this at a minimum of a regional/ local meeting	6	You participated in all stages of the audit (planning, data collection, data analysis, implementing change and involvement in at least two cycles) and you presented this at a national, regional, or local organisation meeting (e.g., deanery NHS trust, hospital, primary care network)
I was involved as a contributor in a clinical audit or QI project that has demonstrated change (i.e., second cycle/ closed audit loop) AND This was presented at a minimum of a regional/ local meeting	4	You participated actively through multiple cycles but did not take a leading role in the project. You may not have personally presented this audit.
I was involved in a clinical audit or QI project AND This was presented at a minimum of a regional/ local meeting	2	For example, you assisted with data collection for the project in at least one cycle . You did not take a leading role or present the findings.
None/other	0	

Additional Notes

For applicants to score 4 or more points they must have been involved in at least 2 cycles of the audit or quality improvement project. If your project has only completed a single cycle, then a maximum of 2 points can be awarded. If your project has not yet completed a single cycle, you can only select the 'none/other' option.

Please choose a scoring option based on a single quality improvement QI project/audit. If you have been involved in more than one, you will need to pick the QI project/audit corresponding to the highest-scoring statement which is applicable.

Applicants are reminded that a QI project/audit used to claim points in this section cannot be used to claim points in any other section should that body of work have been presented or published or awarded a prize. Hence please ensure the example is used in the domain where the applicant receives the highest score.

Evidence Required

1. Copy of audit project presentation outlining scope and impact of project

AND

2. A letter from supervising consultant or QI/audit project stating level of involvement to satisfy the requirements described in the table above. The letter must be signed (can be electronic signature) and include
- a. Consultant name and GMC number (or corresponding national medical registration equivalent)
 - b. Date

Teaching Experience

Option	Score	Notes
<p>I have worked with local educators to design and organise a teaching programme (a series of sessions defined as 4 or more) to enhance organised teaching for healthcare professionals or medical students at a regional level (please see appendix for definition of regional) AND I have contributed regularly to teaching for healthcare professionals or medical students within the last year (4 or more sessions/year) AND I have evidence of formal feedback (defined in additional notes)</p>	10	<p>You have shown the ability to identify a gap in the teaching provided and have worked with local educators to design, organise and deliver a regional teaching programme. As part of this process, you will have had input into the programme objectives and outline of sessions delivered.</p>
<p>I have worked with local educators to design and organise a teaching programme (a series of sessions defined as 4 or more) to enhance organised teaching for healthcare professionals or medical students at a local level (please see appendix for definition of local) AND I have contributed regularly to teaching for healthcare professionals or medical students over the last year (4 or more sessions/year) AND I have evidence of formal feedback (defined in additional notes)</p>	6	<p>You have shown the ability to identify a gap in the teaching provided and have worked with local educators to design, organise and deliver a local teaching programme. As part of this process, you will have had input into the programme objectives and outline of sessions delivered.</p>
<p>I have provided regular teaching for healthcare professionals or medical students over the last year (4 or more sessions/year) AND I have evidence of formal feedback (defined in additional notes)</p>	4	<p>Examples of teaching include but not restricted to regular bedside or classroom teaching, acting as a mentor to a student, acting as a tutor or delivering teaching in a virtual learning environment.</p>
<p>I have taught healthcare professionals or medical students occasionally (occasional is defined as less than 4 sessions/year) AND I have evidence of formal feedback</p>	2	

I have taught healthcare professionals or medical students occasionally (<4 sessions/year) but I have no formal feedback	1	
None/other	0	

Additional Notes

Formal feedback describes either

1. Evidence of senior observation/feedback (e.g. observation of teaching assessment, developing the clinical teacher form, etc.)
OR
2. Collection and analysis of participants' feedback forms. Feedback forms include scores and number of people involved in providing the feedback.

Formal feedback does not need to be submitted as evidence but must be reviewed by Consultant.

Evidence Required

1. Letter from Consultant confirming involvement in designing and organizing teaching programme. The letter must be signed (can be electronic signature) and include
 - a. Consultant name and GMC number (or corresponding national medical registration equivalent)
 - b. Dates of activity

AND/OR

2. Letter from Consultant confirming involvement in delivering teaching and that participant formal feedback has been reviewed as acceptable. The letter must be signed (can be electronic signature) and include
 - a. Consultant name and GMC number (or corresponding national medical registration equivalent)
 - b. Dates of activity

Training in Teaching

Option	Score	Notes
I have a Masters level qualification in teaching/medical education e.g., MA or MSc, (ISCED level 7)	4	This usually lasts for three university terms (or equivalent) and is eight months or more duration (full time equivalent) or could have been completed part-time over multiple years.
Teaching specific postgraduate qualification e.g., PG Cert or PG Diploma	3	
I have had substantial training (defined in additional notes) in teaching methods lasting at least 5 days. This could include a completed module which forms part of a postgraduate teaching qualification or masters level programme	2	This should be additional to any training received as part of your primary medical qualification. This can be delivered virtually.

I have had training in teaching methods lasting no more than 2 days	1	This should be additional to any training received as part of your primary medical qualification. This could be delivered locally. This can be delivered virtually
I have had no training in teaching methods	0	

Additional Notes

All postgraduate degrees and qualifications will be defined based on the International Standard Classification of Education (ISCED) (UN International Family of Economic and Social Classifications)

<http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf>

Substantial training is defined as formal training either face to face or virtual that should be of at least 5 full days in duration. Formal training is typically delivered in an organized and structured context provided in educational institutions such as universities and royal colleges.

Evidence Required

1. Copy of Degree/Postgraduate qualification Certificate to include

- a. Applicant name
- b. Awarding institution
- c. Date of award

OR

2. Copy of certificate confirming attendance at substantial training in teaching methods to include

- a. Applicant name
- b. Awarding institution
- c. Date of award

OR

3. Copy of certificate confirming attendance in teaching methods to include

- a. Applicant name
- b. Awarding institution
- c. Date of award

Presentations

Options	Score	Notes
I have given an oral presentation at a national or international (please see appendix for definition) medical meeting (defined in additional notes) convened by an accredited institution (virtual or face-to-face medical meeting) after being invited/selected to do so	6	Personal delivery of presentation required
First author for 2 or more posters presented at an international or national (please see appendix for international and national definition) medical	5	Does not require oral presentation of work

meeting convened by an accredited institution (virtual or face-to-face) after being invited/selected to do so		
I have given an oral presentation at a regional medical meeting after being invited/selected to do so	3	Personal delivery of presentation required
I have contributed to a national or international oral presentation but did not give the presentation myself	2	
I have presented one or more posters as first author at a regional (please see appendix for regional definition) medical meeting(s) after being invited/selected to do so	1	Does not require oral presentation of work
I have contributed to a poster presented nationally or internationally but was not first author (please see appendix for definition)	1	
None/other	0	

Additional Notes

Oral presentations referred to are with or without slides, in front of an audience of healthcare professionals. These can be of anything related to medicine, typically a case or case series, research or other topic. It would normally be expected to include a question-and-answer session.

If a poster is shown without an accompanying oral presentation, you can still claim points in line with the relevant statement.

If you were a significant contributor to a presentation but did not personally present it, you can only claim points in line with the award of points table (max 2 points for oral presentation, 1 point for poster presentation).

A **medical meeting** will typically be to an audience of doctors and/or other healthcare professionals attending away from their normal place of work for which attendees will be undertaking continuing professional development. The exception to this is the option for a local meeting where the audience is predominantly internal to that workplace.

In situations where you are solely presenting or showing your poster because you have paid a fee you may only select the "none/other" option.

*You **must not** in any circumstances claim an oral or poster presentation in this section if you have used the same quality improvement project/audit to claim points in the QI/audit section. Any points claimed for oral or poster presentations in this section must be completely different projects to any QI or audit work used to claim points in any other section.*

Evidence Required

1. Copy of letter of acceptance of oral/poster presentation or copy of event programme citing presentation to include
 - a. Name of presenter OR first author
 - b. Institution convening meeting
 - c. Date of meeting/presentation

AND

2. Copy of oral presentation slide/poster presentation to include
 - a. Title of presentation
 - b. Name of first author/presenter or author list to include applicant if not first author

Publications

Options	Score	Notes
I am first author (please see appendix for definition) of one or more PubMed-cited publications (or in press) not including a case report or editorial letter	6	For this option, you need to be first or joint-first author in all the publications to which you refer
I am first author of one or more PubMed-cited publications of a case report or editorial letter (or in press)	4	For this option, you need to be first or joint-first author in all the publications to which you refer
I have written a book chapter related to medicine (this does not include self-published books)	4	This refers to medicine in its broadest sense and not just hospital medicine. Books must be published by an independent publishing house, i.e., not self-published
I am a named co-author (please see appendix for definition) of one PubMed-cited publication (or in press)	3	
I am a Cited Collaborative author (please see appendix for definition) as part of a research collaborative publication in 3 or more PubMed cited publications	2	Cited as part of research collaborative. Does not require named authorship alongside publication title.
I am a Cited Collaborative author as part of a research collaborative publication in 2 or more PubMed cited publications	1	Cited as part of research collaborative. Does not require named authorship alongside publication title.
None/other	0	

Additional Notes

For any publication in print to be considered for points allocation they MUST be PubMed (PUBMED ID must be provided) cited to demonstrate that it is peer reviewed and relevant to medicine.

Publications are accepted for points allocation if they have been accepted by a PUBMED catalogued journal provided acceptance for publication without amendments is provided.

Cited collaborative authors must have publication in print.

Chapters written in medical books will not require pub med citing but rather the ISBN for the book is required as detailed below.

Evidence Required

For published article as first author or co-author

1. Letter of acceptance for publication from accepting PubMed catalogued journal to include

- a. Name of applicant as First author or co-author
- b. Confirmation of acceptance for publication without alteration
- c. Name of accepting journal
- d. Date of acceptance
- e. Title of article
- f. PUBMED ID if publication already in print (not needed if accepted but not published)

For Cited Collaborative author

1. Copy of published article to include
 - a. Title of article
 - b. Name of Journal
 - c. PubMed ID
 - d. Article page where collaborative authors are cited

For Book Chapter

1. Front and back cover of book to include
 - a. Title of book
 - b. Publishing house
 - c. ISBN number

AND

2. Contents page showing chapter and applicant as author

Leadership and Management

Option	Score	Notes
I hold/have held a national (please see appendix for definition) leadership or managerial role for 6 or more months and can demonstrate a positive impact	8	
I hold/have held a regional (please see appendix for definition) leadership or managerial role for 6 or more months and can demonstrate a positive impact	5	
I hold/have held a local (please see appendix for definition) leadership or managerial role for 6 or more months and can demonstrate a positive impact	3	
None/other	0	

Additional Notes

The leadership role is not confined to the medical profession or medical societies.

National or regional examples may include but not restricted to trainee representative of a specialist society/college or deanery.

Local examples may include a role within one hospital or medical school such as junior doctors' mess president or trainee representative on a hospital committee.

Non-medical examples may include but not restricted to charity or youth organisations or sports or creative arts clubs/societies.

The point scoring options can only be used for roles which you have held or currently hold for a minimum of six continuous months.

To score points in the section you must be able to evidence a positive impact whilst in your role as evidenced by the requirement below.

Evidence required

1. Copy of letter confirming your appointment to the role from appointing institution to include
 - a. Name of applicant
 - b. Role undertaken
 - c. Duration of appointment
 - d. Signed by representative of host institution
 - e. Commentary in supporting letter from appointing institution of achieving positive impact.

Appendix

Please find below definitions for the terms described in the self-assessment guidance.

Glossary

Surgical course

Any surgical themed course either organised or accredited, by one of the UK Royal Colleges of Surgeons, an international/national surgical organisation or regional deanery will be accepted. Alternatively, any surgically themed course with evidence of CPD accreditation will also be accepted. Non-accredited or undergraduate medical school society organised courses will not be accepted.

Surgical Conference

Any surgical themed conference either organised or accredited by one of the UK Royal Colleges of Surgeons, an international/national surgical organisation or regional deanery will be accepted. Alternatively, any surgical themed conference with evidence of CPD accreditation will also be accepted. Non-accredited or undergraduate medical school society organised conferences will not be accepted.

International

The activity is deemed international when an applicant has delivered it in a country other than your country of residence/education at time of delivery or a recognised international meeting that rotates to different countries so then may occur in the country of your undergraduate education or residence.

National

The activity is deemed national level when firstly the applicant has delivered it in the country where their undergraduate education took place, or at their time of residence, e.g. if an applicant delivered a presentation in Sweden whilst undertaking their undergraduate education in Sweden, this cannot be classified as 'International' just because it is outside of the UK: it would be national. The UK comprises the four nations, therefore presentations within these countries by someone who is residing in the UK is considered national, regardless of the country of residence, e.g., if the presentation is delivered in Wales by an applicant based in Northern Ireland, this is classified as 'national'.

The activity must then have taken place at an event or to an audience where the participants and the organising members are taken from a national cross section.

Regional

The activity is deemed regional if it extends beyond a local hospital, single trust or university setting; for example, the deanery or sub-deanery region or a cluster of hospitals comprising different NHS trusts. If your activity extends beyond this, then this would count as national.

Local

The activity is deemed local if it is confined to a hospital, trust or university setting. If your activity extends beyond your local hospital/trust, this will count as regional or national as appropriate.

First author

The first author is usually the person who made the most significant intellectual contribution to the work. That includes designing the study, acquiring and analysing data from experiments and writing the actual manuscript. They will have met the ICJME criteria for authorship (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>)

They will be cited/listed first on the title page of the published manuscript.

Co-author

An author who is not the first author but has met the ICJME criteria (as above) for authorship and is cited/listed on the title page of the published manuscript.

Collaborative author

Collaborators will not have met all 4 of the ICJME criteria for authorship but are acknowledged due to their contribution made. They will be listed individually as collaborators in the manuscript usually under a collaborative group name but do not appear in the author list on the title page of the manuscript. Typically, this list is found at the end of the manuscript.