2023 Core Surgical Training
Self-Assessment Scoring Guidance for Candidates

Introduction

The 2023 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 Oriel 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 31st January 2023 until 10th February 2023. 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.

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.

2023 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
Operative experience: choose one of the following options		
Involvement in 40 or more cases	8	Verified logbook evidence must be provided. Please see below for acceptable evidence.
Involvement in 30-39 cases or more	6	
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** I have undertaken a surgical placement (see additional notes below) during my foundation training or equivalent (minimum 12 weeks)	3	Proof of completion must be provided. Please see below for acceptable evidence 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	

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

Additional notes

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 2023 will receive 0 points.

Please refer to the appendix for definition of

1. Surgical conference

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

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

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.

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.

Only 1 consolidation report upload permitted for each specialty. Any further will not be considered for scoring.

Evidence required for confirmation of surgical conferences

1. **Copy of conference attendance certificate detailing**
   1. **Name of applicant**
   2. **Name of conference**
   3. **Organising body**
   4. **Date of conference**
   5. **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)**

Only one document to be uploaded for

- **surgical conference (certificate of attendance for each conference in a single document)**
- **surgical elective/placement or taster**
  Any further documents uploaded will not be considered by assessors.

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)	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) **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)	6	You participated in all stages of the audit (planning, data collection, data analysis, implementing change and involvement in at least two cycles).
I was involved as a contributor in a clinical audit or QI project that has demonstrated change (i.e., second cycle/ closed audit loop)	4	You participated actively through **multiple cycles** but did not take a leading role in the project.
I was involved in a clinical audit or QI project	2	For example, you assisted with data collection for the project in at least **one cycle**. You did not take a leading role.
None/other	0	

Should the applicant have been at least a contributor to the project (awarded 4 more points above), Additional points will be awarded here for the presentation of the project which will be separately scored to the project itself as below.

Option	Score	Notes
Applicant presented the project at national or international meeting (see appendix for definition).	5	The applicant personally presented the project evidenced by first author in the presentation slides and letter of acceptance of presentation for meeting.

Applicant presented the project at a regional meeting (see appendix for definition).	3	The applicant personally presented the project evidenced by first author in the presentation slides and letter of acceptance of presentation for meeting.
Applicant presented the project at a local meeting (see appendix for definition).	1	The applicant personally presented the project evidenced by first author in the presentation slides.

Additional Notes

For applicants to score 4 or more points they must have personally been involved in at least 2 cycles of the audit or quality improvement project. If your project has only completed a single cycle or you have only been involved in one of the cycles, then a maximum of 2 points can be awarded. If your project has not yet completed a single cycle no points can be awarded.

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.

The same Quality Improvement/Clinical Audit may be also put forward in the publications domain if it may score in that domain should the applicant wish.

Evidence Required

1.Copy of audit project presentation outlining scope and impact (findings and improvements achieved) of project

OR summary of the project detailing scope and impact of the project.

A copy of the audit presentation must be provided to allow for presentation point scoring.

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 digital signature to reproduce a physical signature) and include

   a. **Consultant name and GMC number (or corresponding national medical registration equivalent)**
   b. **Date**

AND (for presentation points only)

3. A letter of acceptance from the meeting where presented confirming

   a. **project title**
   b. **presenting author**
   c. **date**

A copy of the meeting programme displaying the project and presenting author will also be acceptable.

Presentations and Publications

Options	Score	Notes
I have won a prize for delivering an oral presentation at a national or international medical meeting convened by an accredited institution after being invited/selected to do so	10	Personal delivery of presentation required. This does not include "oral poster presentations"
I am first author (please see appendix for definition) of a PubMed-cited publication (or in press) not including a case report or editorial letter	10	Evidence of PubMed ID number.
I have delivered an oral presentation at a national or international medical meeting convened by an accredited institution after being invited/selected to do so	8	Personal delivery of presentation required. This does not include "oral poster presentations"
I am first author a prize-winning poster or oral poster presentations presented at an international or national medical meeting convened by an accredited institution after being invited/selected to do so	6	Personal delivery of presentation required.
I am first author for 2 or more posters or oral poster presentations presented at an international or national medical meeting convened by an accredited institution after being invited/selected to do so	4	
I am first author of a PubMed-cited publication of a case report or editorial letter (or in press) **OR** I have written a book chapter related to medicine which has been published (not self-published)	4	Evidence of PubMed ID number.
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	3	Does not require named authorship alongside publication title.
I am a named co-author (please see appendix for definition) of one PubMed-cited publication (or in press)	2	
I have given an oral presentation at a regional medical meeting after being invited/selected to do so	2	Personal delivery of presentation required.
I have presented one or more posters as first author at a regional medical meeting(s) after being invited/selected to do so **OR** I have had a poster accepted for presentation at a national or international meeting but did not attend	1	Does not require oral presentation of work

I am a Cited Collaborative author as part of a research collaborative publication in 2 or more PubMed cited publications	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.

Poster presentations referred to are given with one poster or poster slide and sometimes a very short oral explanation with or without 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.

All presentations require personal or virtual attendance – acceptance of a poster without attending is detailed above.

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.

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. Please the appendix for definitions of local, regional, national and international meetings.

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. Any candidate submitting without a PubMed searchable ID will score 0 points. Any candidate claiming a PubMed ID for an article which does not have this will potentially raise a probity concern with the interview panel.

Publications are accepted for points allocation if they have been accepted by a PUBMED catalogued journal (*in press*) provided acceptance for publication without amendments is provided and evidence of the PubMed status of the journal is also provided.

Cited collaborative authors must have publication in print, NOT in press.

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

*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 (Presentation points). 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.*

<u>**Evidence Required**</u>

For all oral and poster presentations

1. **Copy of oral presentation slides/poster presentation to include**
   a. **Title of presentation**
   b. **Name of first author/presenter or author list to include applicant if not first author**

AND

2. 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

3. Certificate of attendance at event

If claiming for a prize, the following is also required

1. Copy of prize certificate or signed letter from the institution conferring the prize

For regional or local meetings, a letter from an educational supervisor with the above information is acceptable

For all published articles or cases/letters as first author or co-author

1. A copy of the article (in pdf format or scanned) including PubMed ID

AND

2. Letter of acceptance for publication from accepting PubMed catalogued journal to include
   a. Name of applicant as First author or co-author (clearly stating co-authorship)
   b. Confirmation of acceptance for publication without alteration
   c. Name of accepting journal
   d. Date of acceptance
   e. Title of article

For Articles in Press

1. Letter of acceptance for publication from accepting PubMed catalogued journal to include
   f. Name of applicant as First author or co-author (clearly stating co-authorship)
   g. Confirmation of acceptance for publication without alteration
   h. Name of accepting journal
   i. Date of acceptance
   j. Title of article
   k. Statement confirming that the journal is PubMed 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

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**

Teaching Experience

Option	Score	Notes
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)	10	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.
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)	6	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. .
I have provided regular teaching for healthcare professionals or medical students over the last year (4 or more sessions/year)	2	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.

Additional Notes

N.B Evidence of formal feedback is required for all teaching experience

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**

For additional guidance local would be deemed as delivery of teaching within a single department or single hospital site.

Regional would be deemed delivery of teaching across two or more hospital sites/ Trusts or a foundation school or regional association.

Training Qualifications

Option	Score	Notes
I have a Masters level qualification in teaching/medical education e.g., MA or MSc, (ISCED level 7)	5	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., Diploma (ISCED level 5/6)	5	
Teaching specific postgraduate qualification e.g., PG Cert 3	3	
I have had substantial training (defined in additional notes) in teaching methods lasting at least 2 days. This could include a completed module which forms part of a postgraduate teaching qualification or masters level programme	1	This should be additional to any training received as part of your primary medical qualification. This can be delivered virtually.

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 2 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**

Appendix

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

Glossary

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.

Index Page

Name
Surname
Oriel Pin
Date of interview booked

Evidence uploaded	Starting page number	Ending page number	NO OF PIECES OF EVIDENCE SUBMITTED	Score on the portal for the domains
Application form / SA evidence	2	5		
Domain 1				
Domain 2				
Domain 3				
Domain 4				

Disclaimer I confirm all the evidence uploaded is my property and I have appropriately scored myself for each domain. I confirm that I have uploaded all the evidence required that is used as evidence in my portfolio station and I understand that if I uploaded additional evidence only the first xx pieces of evidence would be used, and the panel will disregard anything after this. No additional evidence can be uploaded after the deadline has passed.

Signature-
Date:

Application Form

Domain 1 – Commitment to Specialty

Domain 2 – Quality Improvement / Clinical Audit

Domain 3 – Presentations and Publications

Page Break

Domain 4 - Teaching Experience / Training Qualifications