2024 Core Surgical Training

Self-Assessment Scoring Guidance for Applicants

Introduction

The 2024 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 8th February until 14th February. All evidence must be uploaded prior to the closing deadline. If you have problems with uploading evidence, you must inform the London and Kent, Surrey and Sussex Recruitment team before 5pm on the 12th February.

- Evidence to support your self-assessment score can only be accepted via the dedicated upload portal. Evidence provided to London and Kent, Surrey and Sussex Recruitment Team 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 be used to score points in one domain only.** Please ensure that the achievement used is applied to the domain where the highest points can be awarded. Assessors will only verify the first item of evidence uploaded, as they will assume that this is the evidence most likely to score points for a candidate.

- If you have more than one achievement within a single domain then you should select the **one** which would give you the highest score, and this should be the only achievement you upload.

- 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 will result in a score of zero being awarded and the candidate may be reported to the GMC and further action may be taken. If patient identifiable data is uploaded, the score cannot be appealed.

- For more information on PID, please refer to the GMC's confidentiality guidance pages.

- Other examples of inappropriate evidence would include identifiable minutes from a departmental meeting (for example used to demonstrate a local meeting) - these should be properly redacted.

2024 Core Surgical Training Self-Assessment Scoring Guide

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

Below each table is information on the minimum MANDATORY evidence required to appropriately evidence the points scored. Please read this area thoroughly before uploading any evidence.

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

An exemplar portfolio is appended at the end of the document so that candidates can be aware of what is considered acceptable evidence,

A certified, authenticated translation should be provided for any documentation which is not written in English.

For all evidence that is uploaded, the following apply:

1. Recognised surgical specialties include Plastic Surgery, Neurosurgery, Vascular Surgery, ENT Surgery, Cardiac/Thoracic surgery, ITU, Urology, Oral & Maxillofacial Surgery, General Surgery, Orthopaedic Surgery, Paediatric Surgery.

2. Conferences which have been either organised or accredited by one of the UK Royal Colleges, a recognised international or national organisation or a regional deanery will be accepted.

3. Recognised international or national organisations would include specialty societies, royal colleges, established trainee organisations or other recognised bodies that include a peer-review process.

4. A conference is considered a substantial period of educational activity of at least six hours of educational activities – short form webinars of less than this would not count.

5. **Candidates should be wary of electronic signatures on documents as they can sometimes be insecure and if so, will not be accepted as evidence.**

PLEASE NOTE: <u>Where evidence asks for a supervisor's GMC number to be provided, it is mandatory to do so – evidence submitted without this will not be accepted by the verification panel, and cannot be appealed.</u>

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 attended a surgical taster week (**minimum 5 days**, can be non-consecutive days) (see additional notes below)	3	Proof of completion must be provided. Please see below for acceptable evidence
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**)	2	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 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

Evidence required for confirmation of operative experience

1. This must be provided in the eLogbook format (www.elogbook.org.uk)

2. It must include:

    Consolidation report for each specialty to include:

I. The summary sheet of the consolidation report:

II. Detailing the number of procedures undertaken and the date range of the operations undertaken.

III. Signed by a consultant with their full name, GMC number (or equivalent) and the date they signed it.

IV. Involvement in procedures can include all of those assisted or supervised, but should not include those simply Observed, or those that all UK trainees are expected to have signed off as part of their foundation competencies.

V. Please do not provide a copy of your entire logbook.

Only 1 consolidation report upload is permitted. Any further will not be considered for scoring. Your consolidation sheet can be signed by your most recent consultant surgeon supervisor. They may, if they find the evidence acceptable, sign on behalf of all specialties.

Evidence required for confirmation of surgical conferences

1. Copy of conference attendance certificate detailing

I. Name of applicant

II. Name of conference

III. Organising body

IV. Date of conference

V. Where appropriate detailing CPD points

2. If no detail of accreditation is on the certificate of attendance, then a letter from the organiser needs to be provided detailing accreditation.

3. Please refer to appendix for definition of a Surgical Conference

Evidence required for confirmation of surgical experience

Evidence required for confirmation of Surgical elective

A signed letter/document on official letterhead by your educational supervisor including

     I.   **The surgical placement and hospital**

    II.   **the dates undertaken,**

   III.   **name of supervisor and their GMC no (or corresponding national medical registration equivalent)**

a. **This cannot be a letter of acceptance that was sent before you started your elective.**

Evidence required for confirmation of Surgical placement

a. **A signed letter/document on official letterhead by your educational supervisor including**

     I.   **The surgical placement and hospital**

    II.   **the dates undertaken,**

   III.   **name of supervisor and their GMC no (or corresponding national medical registration equivalent)**

OR

b. **A print out copy of your foundation placements signed as above**

Candidates should note that the verification panel does not have access to Oriel so cannot see previous placements.

Evidence required for confirmation of Surgical taster

     I.   **A signed letter/document on official letterhead by your educational supervisor including**

   II.   **The surgical department and hospital**

  III.   **the dates undertaken**

  IV.   **name of supervisor and their GMC no (or corresponding national medical registration equivalent)**

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 2024 will receive 0 points.

- **Only one document should be uploaded for each 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

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.

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.

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. **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**

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

AND

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

OR

3. **A Summary of the project detailing scope and impact of the project.**

AND (for presentation points only)

4. **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**	4	Evidence of PubMed ID number.

I have written a book chapter related to medicine which has been published (not self-published)		
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

Please see appendix for definition of Oral and Poster presentations.

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 to do so you may only select the "none/other" option. Please be wary of associations who offer this option as paying to present will not constitute a robust peer review process.

Points are not cumulative, please pick the option which you feel scores you the most points.

If you are listed in the journal text as joint first author, this will be considered equivalent to first author.

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**
2. **Article page where collaborative authors are cited**

Teaching Experience

Option	Score	Notes
I have worked with local educators to design and organise a face-to-face 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 in an online format (please see appendix for definition of online) to a regional or larger audience	8	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 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 and included in the letter they provide.

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**

2. **Consultant name and GMC number (or corresponding national medical registration equivalent)**

3. **Dates of activity**

AND

4. **Evidence of formal feedback such as participant surveys or ISCP assessment. Please ensure the audience demographic is anonymised.**

OR

1. **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**

Please remember to check the appendix for advice on what level teaching should be categorized as.

Training Qualifications

Option	Score	Notes
I have a Teaching specific postgraduate qualification e.g., at least a PG Cert (ICSED level 4 and above).	5	
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	3	This does not include online only courses. Courses must have a face-to-face component
I have had training in teaching methods.	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 **with a face-to-face component** 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

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. This rotation does not include the constituent countries of the United Kingdom.

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. If one hospital hosts two different medical schools, and the candidate undertakes the teaching in that hospital, this would not count as regional, it would be considered local.

Local

The activity is deemed local if it is confined to a hospital, trust or university setting - for example including two medical schools who share facilities on one hospital site. If your activity extends beyond your local hospital/trust, this will count as regional or national as appropriate.

Virtual or Online

Online would be deemed to be delivery of teaching to a regional, national or international audience using a virtual platform. Evidence of the platform that was used should be supplied including, where possible, and URL or link to the activity.

Oral presentations

Oral presentations referred to in the document 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

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.

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.

Joint First Author

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.

Hints, Tips and Pitfalls

- The portfolio assessment team will try their best to give you the maximum points they can, and hopefully will agree with your self-assessment. However, if they have to look through a large document it will make it harder to give the correct points, please take account of all of the information above when submitting.

- Ask advice from colleagues who have been through the process or who take part in portfolio assessment, they will be able to guide you through how information should be presented to maximize points.

- Assessors will use this document as the basis for scoring points and if they have followed the guidance then the appeal panel will not be able to change the points awarded.

- Be careful about including evidence from potentially disreputable sources – if you have been asked to pay money to present something at a meeting; or if you have paid for a "2 day course" which only has 6 hours of online activity over two days it is unlikely that the activity has been appropriately peer-reviewed. This makes it unlikely that we can award the points.

- Candidates should be wary of applying an electronic signature to a document. Some PDF programs will allow the text in the signature box to be altered after they have been uploaded. In this case, assessors will not be able to accept the document and it will score 0 points.

- Any patient identifiable data will be removed and score 0 points. Any candidate who uploads PID will be asked to attend a meeting with the clinical lead to explain. Please check that you have not accidently done so.

- Any data that is not directly relevant to your application should be very carefully thought through. For example, if a local meeting includes evidence of your presentation in the minutes, be careful of what other information is included in those minutes and redact accordingly.

- When uploading to each domain, a single PDF that includes each piece of evidence for **that domain only** should be created and uploaded. This will allow the assessors to assess your evidence more easily and prevent any confusion about what points should be awarded.

- Do not upload the entire portfolio to each domain, as assessors have a limited time to review each portfolio, and they may inadvertently consider only the first piece of evidence in each domain, therefore limiting how many points you can score.

- Attached to the end of this document there are examples of how a logbook should be evidence, please consider them when uploading your own:

1. This logbook has been correctly signed, dated and named. There are 19 cases in it so the score would be 2 points.

2. This logbook has also been correctly signed, dated and named. There are 20 cases in it but two are observed, so it would score 2 points.

3. This logbook has been correctly signed, dated and named on the front page. The list of procedures is a consolidation and has also been correctly signed, dated and named. Note that on the front page, the candidate has filtered out any observed procedures to make sure they do not miscount. There are however only 48 procedures on the page submitted, so although the score will remain at 8 points, it is important to double check that these numbers match.

4. Example of certificate for a conference which demonstrates attendance, the date and the organization which delivered the conference.

5. Example of a QI project with a letter appropriately signed by a consultant, a letter confirming presentation along with certificate to demonstrate that it was actually presented. To get the full points here, the candidate would also submit a copy of the slides or poster which was presented.

6. Example of evidence for teaching qualification, this would score 3 points.

Examples of Portfolio Evidence

Log-Book

Date of Report : 05-Oct-2023

Filter Name: No filter applied

Date	Age	Operation	Supervision	Urgency	Complications	Notes (Outcome)
27-Sep-2019	74	Intracapsular fracture hemiarthroplasty excluding	Assisting	Urgent		
27-Sep-2019	88	Dislocated total hip replacement - open reduction	Assisting	Urgent		
27-Sep-2019	99	Dislocated total hip replacement - open reduction	Assisting	Urgent		
04-Oct-2019	65	Ileostomy - revision	Assisting	Elective	Perforation during dilatation of stoma, operation was revision of ileostomy	EUA Dilatation of stoma and colonoscopy.
04-Oct-2019	87	Colectomy - right	Assisting	Scheduled		
30-Oct-2019	83	TKR	Assisting	Elective		
27-Nov-2019	37	Lipoma excision	Assisting	Elective		
27-Nov-2019	53	Excision synovial cyst	Assisting	Elective		Rheumatoid nodule.
27-Nov-2019	62	Trapezium excision	Assisting	Elective		
27-Nov-2019	40	Radial head excision	Assisting	Elective		
10-Aug-2020	77	Above knee	Assisting	Urgent		
11-Aug-2020	62	Iliofemoral bypass	Assisting	Urgent		
14-Aug-2020	38	Femoro - Below knee popliteal - Vein	Assisting	Urgent	Graft occluded post-op, patient required AKA	
24-Aug-2020	72	Carotid endartarectomy and Patch	Assisting	Scheduled		
24-Aug-2020	68	Carotid endartarectomy and Patch	Assisting	Scheduled		
28-Aug-2020	56	Above knee	Supervised-	Urgent		
29-Aug-2020	79	evacuation of haematoma	Supervised-	Urgent		2/52 post left popliteal exploration, SFA thrombecomy, peroneal embolectomy
31-Aug-2020	75	Toe(s), other	Supervised-	Urgent		
01-Sep-2020	59	Kissing Iliac Artery stents	Assisting	Urgent		Thrombectomy of right EIA/CFA/PFA/SFA and kissing CIA stents

Consultant (Block Letters) .... JACK SMITH .... Date: 05|10|23 ....
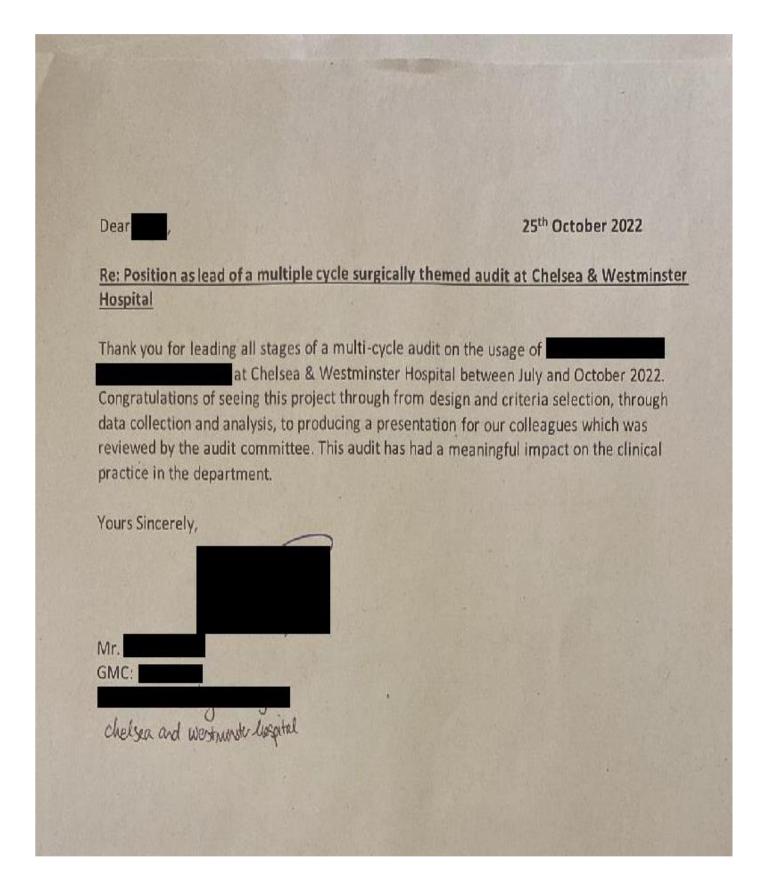
Date of Report : 05-Oct-2023

Filter Name: No filter applied

Date	Age	Operation	Supervision	Urgency	Complications	Notes (Outcome)
19-Feb-2019	59	Oesophagogastrectomy - 2 phase - Ivor Lewis	Assisting	Elective	Intrathoracic colon and hiatus closure on 27/2/19	2 field oesophagectomy - abdomen and chest
27-Feb-2019	79	Carotid endarterectomy	Observed	Elective		
27-Feb-2019	78	Amputation - BK	Observed	Scheduled		
15-Mar-2019	62	Laparotomy - division of adhesions	Assisting	Elective		Laparotomy and reversal of ileostomy. Adhesionolysis
18-Mar-2019	12	Paediatric appendicectomy	Assisting	Urgent		
22-Aug-2019	42	Irrigation and debridement prosthesis for	Assisting	Urgent		Irrigation and debridement right pelvic wound 6/52 following fixation for pelvic fracture
22-Aug-2019	83	Intracapsular fracture bipolar hemiarthroplasty	Assisting	Urgent		
23-Aug-2019	83	Intracapsular fracture bipolar hemiarthroplasty	Assisting	Urgent		
30-Aug-2019	11	Fracture distal radius MUA & percutaneous wires	Assisting	Urgent		
30-Aug-2019	44	Tendoachilles repair	Assisting	Scheduled		
02-Sep-2019	89	Intracapsular fracture bipolar hemiarthroplasty	Assisting	Urgent		
10-Sep-2019	91	Intracapsular fracture hemiarthroplasty excluding	Assisting	Urgent		
10-Sep-2019	91	Extracapsular fracture intramedullary fixation	Assisting	Urgent		
13-Sep-2019	9	Fracture distal radius MUA & percutaneous wires	Assisting	Urgent		
13-Sep-2019	66	Extracapsular fracture CHS / DHS	Assisting	Urgent		
19-Sep-2019	93	Intracapsular fracture hemiarthroplasty excluding	Assisting	Urgent		
19-Sep-2019	90	Intracapsular fracture bipolar hemiarthroplasty	Assisting	Urgent		
20-Sep-2019	96	Intracapsular fracture hemiarthroplasty excluding	Assisting	Urgent		
20-Sep-2019	81	Intracapsular fracture hemiarthroplasty excluding	Assisting	Urgent		
20-Sep-2019	79	Intracapsular fracture hemiarthroplasty excluding	Assisting	Urgent		

Consultant (Block Letters) .... JACK SMITH .... Date: 05|10|23 ....

Signature: .... Jack Smith .... GMC: 411111

eLOGBOOK

Standard Report (ordered by frequency)

Specialist :

Specialty : Pan Specialty

Region :

Date of Report : 31/03/2023

Operations Count : 53

Filter : Not Observed

Total records in this report : 0

JACK SMITH

[signature]

31/03/2023

GMC 411111

Specialist : ███████████████████

Date of Report : 31-Mar-2023

Filter : Not Observed

ℓLOGBOOK

Consolidation Report

General Surgery

	Total	A	S-TS	S-TU	P	T	O
Abscess - drainage (non-breast/anal/abdominal)	3	2	1	0	0	0	0
Appendicectomy	3	3	0	0	0	0	0
Adrenalectomy	2	2	0	0	0	0	0
Colectomy - right	2	2	0	0	0	0	0
Parathyroidectomy	2	2	0	0	0	0	0
Colectomy - subtotal	1	1	0	0	0	0	0
Debridement - wound, ulcer, pressure sore	1	0	1	0	0	0	0
Duodenum - perforated DU closure	1	1	0	0	0	0	0
Hernia - femoral	1	1	0	0	0	0	0
Ileostomy - revision	1	1	0	0	0	0	0
Parathyroidectomy - reoperative	1	1	0	0	0	0	0
Rectum - anterior resection, coloanal anastomosis, +/- pouch	1	1	0	0	0	0	0
Renal transplant - live donor	1	1	0	0	0	0	0
Retroperitoneal tumour - resection	1	1	0	0	0	0	0
Thyroid - lobectomy	1	1	0	0	0	0	0

Trauma and Orthopaedic Surgery

	Total	A	S-TS	S-TU	P	T	O
Irrigation and debridement prosthesis for infection - hip	1	1	0	0	0	0	0
Pelvic fracture ORIF	1	1	0	0	0	0	0
Tibial plateau fracture ORIF with plates & screws	1	1	0	0	0	0	0

Otolaryngology

	Total	A	S-TS	S-TU	P	T	O
Choanal atresia surgery	1	1	0	0	0	0	0

Paediatric Surgery

	Total	A	S-TS	S-TU	P	T	O
Circumcision - standard	2	2	0	0	0	0	0
Bilateral orchidopexy	1	1	0	0	0	0	0
Cystourethroscopy	1	1	0	0	0	0	0
Exploration of groin	1	1	0	0	0	0	0
Ligation of PPV	1	1	0	0	0	0	0
Pyeloplasty	1	1	0	0	0	0	0
STING	1	1	0	0	0	0	0
Unilateral inguinal herniotomy	1	1	0	0	0	0	0

Urology

	Total	A	S-TS	S-TU	P	T	O
Radical nephrectomy open	4	4	0	0	0	0	0
Robotic Assisted Partial Nephrectomy	4	4	0	0	0	0	0
Nephrectomy - (any)	3	3	0	0	0	0	0
Hysterectomy and BSO	2	2	0	0	0	0	0

Page : 2 of 3

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JACK SMITH 31/03/2023

[signature]

GMC 411111

QIP / Audit

Dear ███,   25th October 2022

Re: Position as lead of a multiple cycle surgically themed audit at Chelsea & Westminster Hospital

Thank you for leading all stages of a multi-cycle audit on the usage of ██████████ ████████████ at Chelsea & Westminster Hospital between July and October 2022. Congratulations of seeing this project through from design and criteria selection, through data collection and analysis, to producing a presentation for our colleagues which was reviewed by the audit committee. This audit has had a meaningful impact on the clinical practice in the department.

Yours Sincerely,

Mr. ███

GMC: ███

chelsea and westminster hospital

Teaching Course

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST

This is to certify that:

attended the two-day course

Teach the Teacher

Chelsea and Westminster Hospital NHS Foundation Trust
20-21 JUNE 2022

Director of Medical Education
Chelsea & Westminster Hospital

Director of Medical Education
West Middlesex Hospital

Pro-Forma

Introduction

All documents per domain should be uploaded as one continuous PDF file under the relevant domain on the Self-Assessment portal.

Files should be uploaded to the portal under each domain and saved with the following tag-

Evidence Title, oriel pin, surname, first name

Organisation of document

To help the panel with the organisation and ease of reading, your documents are standardised with the following:

Domain 1 Commitment to specialty

Domain 2 Quality improvement / Clinical audit

Domain 3 Presentations and Publications

Domain 4 Teaching Experience / Training Qualifications

We have outlined how much evidence will be reviewed by the panel to ensure that candidates are aware any evidence outside of the limit is not reviewed.

Please use the index page below as the front sheet for your evidence under each domain.

Index Page

Name

Surname

Oriel Pin

Evidence uploaded	Starting page number	Ending page number	NO OF PIECES OF EVIDENCE SUBMITTED	Score on the portal for the domains
Domain 1: Commitment to Specialty				
Domain 2: Quality Improvement / Clinical Audit				
Domain 3: Presentations and Publications				
Domain 4: Teaching Experience / Training Qualifications				

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 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: