Classification: Official



# 2024 ST3 General Surgery Supplementary Applicant Handbook

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#### Introduction

The National Recruitment Office for General Surgery ST3 is NHS England – London and Kent, Surrey and Sussex (London & KSS).

This guide aims to provide applicants with information regarding all aspects of the nationally coordinated General Surgery recruitment in England, Scotland, Wales and Northern Ireland. General information regarding recruitment to all specialty training posts is available on the <a href="Specialty Training">Specialty Training</a> website

Please note that all communication with applicants will be via Oriel, or via the contact details you provide as part of your Oriel application. You must ensure that your contact details are correct and kept up to date throughout the recruitment process.

## Summary of changes for 2024 recruitment

Key similarities with 2023 and 2024 application form and process:

The Person Specification for ST3 General Surgery remains unchanged.

Candidates will fill in an application form on Oriel which will clearly outline the evidence required for each domain- as a template with very clear instructions for additional evidence (where relevant). The evidence upload window (for templates and associated evidence) remains in place to allow candidates to gather evidence and have the templates countersigned.

The candidates' portfolios and associated evidence will be used to shortlist candidates for a 40-minute interview assessing a clinical scenario, a management scenario, and a discussion of their career to date.

Eligible applicants will be invited to book an interview slot via their Oriel account following shortlisting.

The scores from the portfolios will be added to the interview scores and will therefore continue to form part of the overall candidate score. The final total score will be used for ranking and job offers.

#### Key differences from 2023 and 2024 application form and process:

Q1 has been removed. The time since qualification is no longer used as a denominator (N number). Candidates will not be asked to self-assess their portfolio.

The emphasis in scoring the portfolio will be on quality not quantity.

All portfolios will be scored by a panel of consultants.

Each portfolio will be scored by a pair of consultants and discrepancies addressed to provide a robust score.

Candidates will no longer be asked to upload large volumes of unstructured evidence.

Each question on the application form will be underpinned by a template on which candidates will be asked structured questions about the domain of the question. Applicants must ensure that all sections of the template are completed for each question.

Each completed template must be certified as true and accurate and be countersigned by the candidate's Educational Supervisor (or equivalent) to include their name, GMC number (or equivalent) and signature (typed names as signatures will not be accepted). Each template will be uploaded by the candidate during the evidence upload window.

Educational and leadership experience (formerly assessed in Q9 and Q10) are removed from the application form and instead assessed in Portfolio interview.

#### Recruitment programme

You can find the central Medical Specialty training guidance of the NHS England specialty training on the Medical Specialty recruitment website via the link below:

https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/surgery/higher-surgery.

You must read both this Supplementary Handbook and the central medical training guidance available before beginning your application.

#### **Timeline and Key Dates**

Activity	Date(s)
Advert appears	By 5pm on Wednesday 15 <sup>th</sup> November 2023
Applications open	At 10am on Thursday 16 <sup>th</sup> November 2023
Applications close	At 4pm on Thursday 7 <sup>th</sup> December 2023
Evidence upload window	Tuesday 12 <sup>th</sup> December 2023-Tuesday 9 <sup>th</sup> January 2024
Portfolio Shortlisting Scoring date	Monday 15 <sup>th</sup> January 2024
Portfolio Results Release date	Wednesday 17 <sup>th</sup> January 2024
Appeal window	Thursday 18 <sup>th</sup> January – Monday 22 <sup>nd</sup> January 2024
Invites to Interview sent on	Tuesday 27th February 2024
Interview dates	Tuesday 19 <sup>th</sup> – Thursday 21 <sup>st</sup> March 2024
Interview venue	Remote interview
Preferences Open	Friday 22 <sup>nd</sup> March 2024
Preferences Close	Wednesday 10 <sup>th</sup> April 2024
Initial offers released all regions	By 5pm on Thursday 18 <sup>th</sup> April 2024
Hold deadline	At 1pm on Tuesday 23 <sup>rd</sup> April 2024
Upgrading deadline	At 1pm on Wednesday 24 <sup>th</sup> April 2024
Training start date	August/October 2024 (TBC by employing trust)

Please note these dates are subject to change but applicants will be notified in advance if it is necessary to make any amendments to the timeline.

## How to apply

General Surgery recruitment to programmes in England, Scotland, Wales and Northern Ireland is managed via a nationally coordinated process hosted by London and Kent, Surrey and Sussex Recruitment Office on behalf of the General Surgery Specialty Advisory Committees (SAC).

Further programme and rotation information will be available at the point of preferencing at a later date in the process. Information will be sent to applicants' Oriel account and copied to their

registered email inbox with instructions on how to complete preferencing. In addition, indicative post numbers for each NHS England local office/deanery will be made available within the advert. Applications will only be accepted through Oriel between at 10am on Thursday 16 November 2023 and at 4pm on Thursday 7 December 2023. Please be aware applications received after this time will not be accepted and there will be no exceptions to this. The recruitment timeline is available on Oriel and the NHS England London & KSS website.

To register on Oriel, you must ensure you have a valid email address. Communication between NHS England London & KSS Recruitment Office and applicants will be primarily via Oriel. Applicants should check their Oriel and personal email account at least once every 24 hours.

## **Eligibility and Longlisting**

Applicants must meet the entry criteria in order to be considered for specialty training. It is important to note that your application is likely to be rejected prior to the interview stage should you fail a criterion assessed at longlisting. Please refer to the <u>person specifications</u> for full details of entry criteria.

Your application will be longlisted against the entry criteria as outlined on the person specification. Please be aware that applicants may still be withdrawn from the application process at any stage if found to be ineligible to apply even if you have been made an offer.

#### Important information on CREHST

The Certificate of Readiness to Enter Higher Surgical Training is the only acceptable evidence of achievement of all requisite core surgical competences for your application to General Surgery ST3 for applicants who have not completed a recognised UK Core Surgical Training Programme or will have completed a UK Core Surgical Training Programme by the post start date. All competences must be signed off in order for a CREHST to be accepted. If necessary, competences can be signed off by multiple supervisors where a single supervisor feels unable to sign off the totality of competences. The CREHST must be submitted by all applicants who are not on or have not completed a UK Core Surgical Training programme.

The CREHST can be downloaded from the Oriel resource bank.

## Reasonable adjustments and Guaranteed interview scheme

London and KSS recruitment will ensure, where possible, that reasonable adjustments are made at interview to meet the needs of applicants with disabilities. Applicants must ensure that they include this as part of their Oriel application form. All documentation should be uploaded as part of their application form. Failure to provide the required information and documentation could result in adjustments and/or Disability Confident Scheme status not being accommodated. For more information regarding reasonable adjustments and the guaranteed interview scheme, visit the website.

## Special circumstances and Fitness to Practise

Please refer to the Specialty Training guidance on <u>special circumstances</u> and <u>Fitness to Practise</u> before starting your application.

Any candidate who answers 'yes' to one or more of the questions in the Fitness to Practise section of the application form, must complete the NHS England London & KSS Recruitment Office <u>Fitness to Practise (FTP) declaration form</u> providing further details regarding their affirmative/positive answer.

Please refer to the guidance and relevant forms which can be found within our applicant support portal: https://lasepgmdesupport.hee.nhs.uk/support/home

#### **Deferred start dates and Less Than Full Time**

Further information on how to request a <u>deferred start date</u> or <u>training less than full time (LTFT)</u> can be found in the Specialty Training Website.

#### October rotations

Candidates currently in core surgical training posts who are expected to complete core surgical training in October 2024 rather than August 2024 are eligible to apply for the 2024 round of General Surgery ST3 recruitment.

## Portfolio shortlisting process

Applicants will be provided with further instructions about how to upload evidence to the evidence portal in due course. Applicants should ensure that they present the evidence in the requested format. Failure to do so will result in your evidence being rejected.

Please refer to Appendix 2 of this document for further information regarding this process.

Please note that this part of the process is mandatory. Failure to submit all evidence by the stated deadline will result in your application form being withdrawn by the recruitment team. The upload window is  $12^{th}$  December  $2023 - 9^{th}$  January 2024.

Recruitment administrators **will not** be able to upload evidence on behalf of applicants and once the deadline for submission has passed, applicant access will be withdrawn.

On completion of the portfolio scoring process, applicants will be sent their portfolio score. Applicants will have 72 hours in which to lodge an appeal.

Appeals received after the 72-hour deadline will not be considered. The outcome of the appeal is final and there is no further recourse for dissatisfied applicants. Disagreements over portfolio scores fall out of the scope of the MDRS Complaints Policy.

#### Interviews

Applicants will need to book an interview slot using their Oriel account. Slots are offered on a first come first served basis subject to availability and will need to be booked by the deadline stated in the invitation to interview. Further information on how to book an interview slot can be found in <a href="Oriel Applicant User Guide">Oriel Applicant User Guide</a>. Applicants can attend only one interview regardless of where they wish to train in England, Wales and Scotland. Interviews will be held remotely.

Interview dates: Tuesday 19 - Thursday 21 March 2024

## Online interview process

All interviews will be undertaken online. As soon as the link to join the interview has been received, applicants should ensure that they test this from the device they plan to use for their interviews as they may need to source an alternative device to ensure connectivity. Any applicants unable to connect should contact the recruitment team at the earliest opportunity.

There is an Applicant Declaration which all applicants must agree with and adhere to in order to sit an online interview. The Declaration also contains a list of vital steps you must undertake before the day of interview. You can find a copy of the Applicant Declaration here

All interviews will be undertaken online using virtual interview system Qpercom Recruit. This is a browser-based system. Please join at the time you have booked in to on Oriel on the day of the interview. Applicants should ensure that their camera and microphone are turned on and working correctly prior to joining the call. Interviews will be terminated where the panel cannot see the applicant.

Before the interview commences it is very important that you have prepared properly. Applicants will be briefed on the interview process and will be required to confirm their identity with the interview administrator. It is therefore important that applicants have suitable photographic ID available (passport or UK photo driving license). In addition, applicants will be required to move their camera to show the entire room where they are undertaking the interview, to confirm that nobody else is present. Once the identity check has been confirmed, the administrator will advise the interview panel that the interview process can commence.

The interview will assess different areas of your skills, knowledge and experience. The stations will have two consultant interviewers. There may be a third person present as an observer who will not be assessing candidates. This may be the Lay Representative who is there in an independent role to assist in the quality assurance of the interview process, or a consultant or senior trainee who is present to observe and assess the interviewers. There will be a maximum of one observer present at any time.

The interview **must not** be recorded by either the applicant, the administrator, or the panel members.

On completion of the interview, the applicant should terminate their connection to the call and the interview process is complete. The interview stations will cover different aspects of the person specification and last approximately 40 minutes.

The interview will be split into the following stations:

#### **Clinical Station**

Clinical scenario reading time (5 minutes)

You will be given a scenario and have 5 minutes reading time prior to the interview— this scenario will be clinical about a patient.

Clinical scenario & questions (10 minutes)

You will have 10 minutes to answer questions about the clinical scenario and other related questions.

#### **Management Station**

Management scenario reading time (5 minutes)

You will be given a scenario and have 5 minutes reading time prior to the interview— this scenario will be about a management problem based in the clinical environment.

Management scenario & questions (10 minutes)

You will have 10 minutes to answer questions about the management scenario and other related questions.

#### **Portfolio Station**

Portfolio questions (10 minutes)

You will have 10 minutes to answer questions about aspects of your career to date. You do not need to prepare or present a hard copy of your portfolio. Portfolio evidence will not be available to the interviewers to review during your interview.

## Ranking, Outcomes & Preferencing

Eligible applicants will be invited to preference available posts on Oriel prior to offers being made. The sub-preferencing window will be confirmed in an email from the recruitment team. For guidance on how to rank/submit your preferences please refer to the <u>Oriel Applicant User Guide</u>.

Your ranking will be based on your combined interview and portfolio scores. Scores will be collated to generate one national ranking from which offers will be made to all available posts. Following interview and ranking, applicants will either be deemed successful or unsuccessful and will be informed of this via Oriel.

## Offers, References and Scoresheet

**Offers** will be made to those successful applicants that have 'matched' to a post and will be based on the applicant's ranking and preferences. Offers will be made via Oriel by 5pm on Thursday 18 April 2024.

Following initial offers being released, further offers will be made in subsequent iterations. Applicants have 48 hours from the time of offer (excluding weekends) to confirm via Oriel whether they wish to accept, reject, or hold their offer. Offers made after the hold deadline will only have the option to accept or reject.

Applicants can also choose to opt in or out of 'Upgrading' – by choosing to opt in; if a post becomes available that an applicant has preferenced higher than the one they have chosen to accept they will automatically be upgraded to this new post. Please refer to the timeline for the various deadlines.

#### References

Reference reports are not used at eligibility checking or at the selection centre but will be reviewed by the prospective employing Trust after offers have been made and prior to confirmation of appointment for successful applicants. This will only be requested electronically via Oriel when an offer has been accepted. Guidance on completing references is available via the Oriel resource bank.

**Scoresheets** will be released to ALL applicants on a specified date. The recruitment office will communicate this date to applicants; therefore, you do not need to request your scoresheets after interview.

#### Allocation

Once offers has been accepted, appointee's details will be passed on to the local training boards/programme director around 14 weeks prior to your start date and to the first Trust you have been appointed to 12 weeks prior to your start date. Therefore, you should not expect to receive any communication prior to this time.

#### **Useful links**

Oriel/Recruitment portal - <a href="https://www.oriel.nhs.uk/web">https://www.oriel.nhs.uk/web</a>

Recruitment website - <a href="https://medical.hee.nhs.uk/medical-training-recruitment">https://medical.hee.nhs.uk/medical-training-recruitment</a>

Person Specifications - <a href="https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/person-specifications">https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/person-specifications</a>

UK Border Agency website - https://www.gov.uk/government/organisations/uk-visas-and-immigration

## **Appendices**

## Appendix 1 - Longlisting

At the longlisting stage your application will be reviewed in line with the entry criteria set out in the nationally agreed person specification for General Surgery ST3. It is essential that you provide the evidence below in your application form. If you fail to follow these instructions, it is highly likely that your application will be withdrawn from the recruitment process.

The following criteria will be assessed at longlisting stage:

Criteria	Action Required
MBBS or equivalent	Please include your MBBS, or equivalent, qualification in the 'Entry Qualifications' section of the application form. Please indicate this as your primary qualification.
MRCS or equivalent (by time of offer date)	You must have passed full MRCS by the time of the offer date. You should list MRCS in the 'Entry Qualifications' section of the application form, in addition to confirming that you have MRCS at time of application where asked "Do you currently have full MRCS?". Alternatively confirm that you will be sitting/have sat the MRCS exam by the offer date when asked "Are you sitting an MRCS examination in the February 2024 diet (or earlier) that will lead to full MRCS qualification"
Complete employment history	You must provide details of all posts undertaken following the award of your primary medical qualification. This includes Foundation posts and work undertaken overseas.
Evidence of achievement of CT1 competences in surgery by time of application and CT2 competences in surgery by time of appointment.	Candidates not currently undertaking Core Surgical Training will be required to submit evidence proving achievement of the requisite competences, of which an ARCP 1 at CT2 level or a signed CREHST are the only acceptable documents. Applicants providing incomplete or unsatisfactory evidence will be provided 48 hours to submit satisfactory evidence.

## **Appendix 2 – General Surgery Portfolio Questions**

Listed below are the 7 questions which appear on the 2024 General Surgery ST3 application form along with the possible responses to each question and details of suitable evidence to substantiate your responses. A guide to the scoring for each question is provided, with descriptions of the quality indicators where appropriate.

Applicants must record their responses to all 7 questions using the provided templates. Applicants can access the 7 templates under the 'document tab' in the advert content section. All 7 templates must be signed where required (typed signature will not be accepted).

After filling out the 7 templates with your responses, applicants must upload their templates, with supporting evidence to the Evidence Upload Portal, which opens on Tuesday 12th December 2023. You will receive further information on how to access the Evidence Upload Portal nearer to the time.

Portfolio templates and evidence can only be accepted via the dedicated Evidence Upload Portal. Evidence provided to the London and Kent, Surrey, and Sussex Recruitment Team by any other means will not be accepted. Failure to upload any completed template(s) and evidence is likely to result in your application being withdrawn from the process.

For each question a description of the evidence required is given. You will only be awarded marks if the evidence provided matches the description of the evidence required for that domain. Maintaining trust by being open and honest and acting with integrity is one of the key elements of Duties of a Doctor (GMC). If it is subsequently discovered that any statement made on your application is false or misleading, evidence will be collected, and you may be referred to a Probity Panel.

#### Question 1

By the end of July 2024, or by the completion of Core Training if this is later, how many months will you have spent in total in General Surgery in any post-Foundation job in any country? Please do not include any other posts.

#### Maximum points: 6

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Responses	Score	
0 to 3 months	0	
4 to12 months	2	
• 13 to 24 months	4	
25 to 36 months	6	
37 to 48 months	4	
49 to 60 months	2	
61 months or more	1	

Evidence: Template countersigned by Educational Supervisor (or equivalent) with printed name and GMC number (or equivalent).

In addition

- Please provide evidence of completion of training posts (as described in the longlisting section Appendix 1)
- For non-training posts please provide a copy of the front page of your contract of employment, which must include dates and a clear description of the role
- If the front page of your contract does not include both start and finish dates other evidence will be required to confirm the duration of post e.g. Letter from HR/Head of Service/Supervising Consultant

#### Question 2

By the end of July 2024, or the completion of Core Training, will you have spent at least 4 months in T&O, Plastic Surgery, Neurosurgery, ENT Surgery, Cardiac/Thoracic surgery, A&E, ITU, Paediatric Surgery, Urology, Vascular or OMFS posts since completing your Foundation Programme?

#### Maximum score: 4

Responses	Score
I will not have spent 4 months in any of these specialities	0
I will have spent at least 4 months in a post in 1 of these specialities	2
I will have spent at least 4 months each in posts in 2 or more of these specialities	4

Evidence: Template countersigned by Educational Supervisor (or equivalent) with printed name and GMC number (or equivalent).

In addition

- Please provide evidence of completion of training posts (as described in the longlisting section Appendix 1)
- For non-training posts please provide a copy of the front page of your contract of employment, which must include dates and a clear description of the role.
- If the front page of your contract does not include both start and finish dates other evidence will be required to confirm the duration of post e.g. Letter from HR/Head of Service/Supervising Consultant

#### Question 3

At the **time of application**, how many appendicectomies (laparoscopic and/or open) have you completed which have been done either STS or STU or P or T? These must be recorded in a validated logbook and each sheet signed by a consultant.

#### Maximum score: 4

Responses	Score
• 0 to 5	0
• 6 to 15	1
• 16 to 25	2
• 26 to 35	3
• 36 to 45	4
• 46 to 60	3
• 61 to 80	2
• 81 or more	1

Evidence: Template countersigned by Educational Supervisor (or equivalent) with printed name and GMC number (or equivalent).

- Logbook evidence must be full and consecutive. Consolidation sheets from a validated logbook are acceptable.
- Each page of the logbook must be signed by a relevant supervisor, with their name and GMC number (or equivalent) clearly legible.

• Please ensure there are no gaps in the logbook evidence. If there are gaps in the logbook evidence you provide, then the minimum score will be awarded for this section.

#### Question 4

Publications: Please submit your 2 best publications, published in any PubMed indexed journal. In order to be eligible for this section, publications must have a PubMed ID and be published by the **time of application.** 

**Do not** include articles which have not yet been published. Collaborative papers, abstracts, case reports, letters or technical tips are acceptable. Points will be awarded for candidate contribution, level of authorship, quality of study and impact factor of publication.

#### Maximum score: 10 (5 per publication)

Evidence: Template countersigned by Educational Supervisor (or equivalent) with printed name and GMC number (or equivalent).
In addition

- Please provide a copy of each publication including the authorship list, journal reference and PubMed ID.
- If you are submitting a collaborative paper, please also submit the list of collaborators **with your name highlighted**. Failure to do so will result in no points being given for this section

#### Question 5

Presentations: Please submit your 2 best presentations. In order to be eligible for this section, the presentation must have occurred by the **time of application**.

You may include poster presentations.

Points will be awarded for candidate contribution, being the presenter of the work, quality of study and scope of meeting (regional, national, or international).

#### Maximum score: 10 (5 per presentation)

Evidence: Template countersigned by Educational Supervisor (or equivalent) with printed name and GMC number (or equivalent).

In addition

- Please provide a copy of the relevant page of the meeting programme(s)
- Please provide a copy of the presentation (6 slides per page) or poster

#### Question 6

Audits and QIPs: Please submit your 2 best closed loop audits and your best additional audit/QIP. Please only submit audits/QIPs which have been presented as you will need to provide evidence of

presentation. For each loop of the closed loop audits and for the additional audit/QIP you must provide evidence of your involvement in the design, execution and presentation of the audit/QIP.

Points will be awarded for candidate involvement, reference standard, study design, importance of clinical question and impact of work.

#### Maximum score: 21 (8 per closed loop audit and 5 for audit/QIP)

Evidence: Template countersigned by Educational Supervisor (or equivalent) with printed name and GMC number (or equivalent).
In addition:

- Please provide a copy of the presentation (6 slides per page).
- Please provide a letter from the head of department/clinical lead for audit clearly stating your contribution. Simple certificates are not sufficient evidence.

#### Question 7

At the **time of application**, have you completed and been awarded a stand-alone UK higher degree or equivalent (see evidence below) examined by thesis/dissertation? (NB: This **does not** include intercalated degrees)?

This category has now been broadened to include PG Certs, Diplomas and taught Masters degrees. Points will not be awarded unless evidence is provided that the qualification has been awarded.

#### Maximum points: 5

Responses	Score
PG Certificate	1
<ul> <li>Diploma/Masters degree without thesis or dissertation</li> </ul>	2
<ul> <li>Masters with thesis or dissertation (eg. MSc, MMedEd, MS, ChM)</li> </ul>	3
• MD	4
• PhD	5

Evidence: Template countersigned by Educational Supervisor (or equivalent) with printed name and GMC number (or equivalent). In addition:

- Please provide a copy of your degree certificate.
- If your degree included a thesis or dissertation, please provide clear evidence of this or marks will not be awarded for this type of degree.
- If your degree was taken outside the UK, you must also provide evidence of its equivalence (e.g. a letter from the institution confirming that it was awarded following the production of a research-based thesis and full examination together with a copy of your results transcript).
- We are aware of organisations such as UK NARIC however the Selection Leads will be the final arbitrators.

#### **FAQs**

# Why has the previous question 1 which generated an N number to reduce the score of candidates who have spent longer since qualification been removed?

It was unpopular with candidates and selectors as it meant that candidates who had taken longer to arrive at their career choice of General Surgery or who had chosen to undertake additional time in education or research roles were penalised disproportionately.

#### Why have templates been introduced for the portfolio scoring?

Before COVID all candidates were called for a face-to-face interview at which their portfolio was scored in person and questions asked about the portfolio elements before generating a score. COVID resulted in a virtual process which did not allow portfolio evidence to be scrutinised directly and questions asked of candidates about their portfolios. Instead, following COVID, candidates were asked to upload specific evidence which was assessed remotely. Many candidates failed to submit evidence which was of sufficient quality to allow points to be awarded. Templates will allow selectors to assess more than raw numbers, and the step of asking Educational Supervisors to countersign Templates with their GMC numbers means that there is a step before evidence upload to quality assess the evidence presented to ensure that candidates are scored appropriately because their evidence is clear.

#### Why has applicants' self-assessment been removed from portfolio scoring?

Self-assessment scores never formed part of the rank score which formed the basis of job offers. Instead, self-assessment scores were used to determine which candidates would be invited to upload their portfolio evidence. The system therefore advantaged candidates who over-scored themselves and disadvantaged those with a more realistic assessment of their portfolio. In 2024 all portfolios will be scored and therefore all candidates are able to showcase the hard work they have done to make themselves competitive for ST3 selection.

#### Why will my score be reduced if I do not submit exactly the evidence required?

The descriptions of the required evidence have been carefully considered and drafted to try to reduce uncertainty and ensure standardisation of evidence that the selectors consider in reaching their scores. Attention to detail forms part of the Person Specification for General Surgery ST3. Ability to scrutinise and follow written instructions are key parts of the skills required of surgeons in training. The selection process seeks to standardise evidence in order to ensure fairness. Giving the 'benefit of the doubt' for incomplete or inappropriately presented evidence risks introduction of bias and unfairness.

#### Re Question 1:

#### Why is does my score reduce to 1 if I have done more than 61 months of General Surgery?

This is a selection process for ST3 General Surgery. If you have undertaken more than 61 months of General Surgery, you are already very experienced in General Surgery and other routes to the Specialist Register are more appropriate for you than commencing an ST3 training programme.

#### Re Question 3:

#### Why have the boundaries for points for appendicectomy changed for 2024 selection?

Following COVID more early appendicitis is being treated non-operatively, and therefore opportunities for trainees to undertake appendicectomy have reduced.

Why does my score reduce to 1 if I have performed more than 81 appendicectomies?

This is a selection process for ST3 General Surgery. The indicative number of appendicectomies by the end of ST8 is 80. If you have undertaken more than 81 appendicectomies you are already very experienced in General Surgery and other routes to the Specialist Register are more appropriate for you than commencing an ST3 training programme.

#### Why do I get 0 points for <5 appendicectomies?

This is a selection process for ST3 General Surgery. If you have only been able to undertake <5 appendicectomies you would benefit from more time in training before applying for ST3.

#### Re Question 4:

#### Why do I need to select my 2 best papers for scoring rather than submitting all of my papers?

The selection process for ST3 General Surgery should be based on quality not quantity of publications. A perverse incentive was developing as a result of the previous portfolio structure which was not conducive to selecting the best candidates for ST3 training. By asking candidates to select and submit their best work we are able to use much more useful judgements about how candidates meet the person specification.

#### Re Question 5:

# Why do I need to select my 2 best presentations for scoring rather than submitting all of my presentations?

The selection process for ST3 General Surgery should be based on quality not quantity of presentations. A perverse incentive was developing as a result of the previous portfolio structure which was not conducive to selecting the best candidates for ST3 training. By asking candidates to select and submit their best work we are able to make much more useful judgements about how candidates meet the person specification.

#### Re Question 6:

# Why do I need to select my 3 best audits/QIPs for scoring rather than submitting all of my audits/QIPs?

The selection process for ST3 General Surgery should be based on quality not quantity of audits/QIPs. A perverse incentive was developing as a result of the previous portfolio structure which was not conducive to selecting the best candidates for ST3 training. By asking candidates to select and submit their best work we are able to make much more useful judgements about how candidates meet the person specification.

#### Why do I need to submit 2 closed loop audits?

Completion of 2 closed loop audits is a minimum standard for completion of Core Surgical Training (or CREHST). It is therefore reasonable to expect every candidate for ST3 selection to be able to

achieve this standard. However, scores will vary depending on the quality of the audits performed and the contribution of the candidate. Identifying these variations is a key part of a selection process.

#### Re Question 7:

Why are intercalated degrees not eligible for points in the selection process?

This is a decision made by MDRS and applies to all specialties and grades of medical and dental selection, including ST3 General Surgery.

Why has this category been broadened to include qualifications and degrees not obtained by thesis or dissertation?

Candidates with PG Certificates, Diplomas and taught Masters have undertaken additional study on top of their standard training pathway and this needs some form of recognition. Degrees awarded for work examined by thesis and dissertation receive higher points in recognition of the original work, at high standard, that such degrees require.

#### **Enquiries & FAQs**

Should you have any queries relating to the recruitment process for General Surgery you can contact NHS England London & KSS via our online enquiries portal –

https://lasepgmdesupport.hee.nhs.uk/support/home