



**Nationally Coordinated Vascular Surgery and
General Surgery Recruitment in England,
Scotland, Wales and Northern Ireland**

Application Guidance

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Please ensure you read and fully understand the contents of this guidance and the Guide to Completing your National ST3 Vascular Surgery and General Surgery Application Form before submitting your application.

Applicants applying to Vascular Surgery and General Surgery should be aware that all programmes are open to those whose training is leading to a [CCT](#) or [CESR \(CP\)](#). Please note the GMC regulations relating to the awards of [CCT](#) and [CESR \(CP\)](#).

1. How to apply and the Vascular Surgery and General Surgery national recruitment portal

- Vascular Surgery and General Surgery recruitment to programmes in England, Scotland, Wales and Northern Ireland is managed via a nationally coordinated process hosted by London and South East Recruitment Office on behalf of the Vascular Surgery and General Surgery Specialty Advisory Committees (SAC).
- There is one application for Vascular Surgery and General Surgery; applicants will be asked within the application form as to whether they wish to apply for General Surgery only, Vascular Surgery only, or both.
- Applications open at 10.00 (UK local time) on 01 February 2017 and close at 16.00 (UK local time) on 22 February 2017.
- **No late applications will be accepted.**
- An advert will appear on NHS Jobs and on the BMJ website, as well as Health Education Regions/deanery websites, advising interested applicants to visit the national portal of application – **<https://www.oriel.nhs.uk/>**
- All applications must be made via the [recruitment portal](#) using the nationally agreed application form.
- Information regarding the Health Education England (HEE) local offices/deaneries and programmes will be available to applicants via the [recruitment portal](#), as well as on individual HEE local office/deanery websites.
- In addition, indicative post numbers for each HEE local office/deanery and indicative dates of interview slots will be made available when applications open.
- To register with the [recruitment portal](#) you must ensure you have a valid email address.
- Communication between London and South East Recruitment Office and applicants will be primarily via email. **Applicants should check their email account once every 24 hours.**

3. Enquiries

Applicant enquiries regarding the process should visit our Applicant Enquiries service at **www.lpmde.ac.uk/applicantenquiries**

4. Entry Criteria

Before beginning your application it is important for you to determine whether you are eligible to apply. Applicants must meet certain entry criteria in order to be considered for specialty training. These criteria are in place to meet legal and other requirements and will be assessed during the longlisting and interview stages.

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 [person specification](#) for full details of entry criteria.

Your application will be longlisted as a national exercise against entry criteria as outlined on the person specification. Please note that longlisting for General Surgery ST3 and Vascular Surgery ST3 will be conducted separately. Therefore, if you have applied for both specialties your application will go through two

separate longlisting exercises, whereby your application will be assessed against the respective entry criteria for both specialties.

Longlisting criteria will be strictly assessed and failure to indicate the required achievements entails the high likelihood that your application will be withdrawn from the process.

Entry criteria for both specialties include:

- MBBS or other equivalent medical qualification.
- Successful completion of MRCS at time of interview.
- Eligible for full registration with the GMC at time of appointment and hold a current licence to practise.
- Evidence of achievement of **CT/ST1 competences** in core surgery at time of application & **CT/ST2 competences** in core surgery by time of appointment.
- Eligibility to work in the UK.
- Not previously relinquished, released or removed from a training programme in this specialty except under exceptional circumstances.
- Fitness to practise.
- Sufficient language skills (e.g. IELTS).
- Ability to provide a complete employment history.
- **ALL** sections of application form completed **FULLY** according to written guidelines.

Please see the sections 5, 6, 7 and 8 of this guide for further information regarding specific entry criterion and the longlisting process.

5. Right to work in the United Kingdom

- Some applicants may be considered before others on the basis of immigration status, in accordance with guidance from the UK Border Agency.
- Applicants should refer to [UK Border Agency website](#) for up to date information regarding the right to work in the UK.
- London and South East Recruitment Office cannot provide individual advice regarding immigration.

6. Fitness to Practise process

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 London and South East (LaSE) Recruitment Office Fitness to Practise (FTP) declaration form providing further details regarding their affirmative/positive answer. The form is available on the 'Documents' tab on the vacancy advert placed on Oriel. The completed form must be completed and returned by no later than: **the closing date of applications**.

7. Competence Assessment

You will be required to indicate evidence of completion, or prospective completion, of all requisite core surgical competences by post start date as per the person specification. Candidates fall in to the following three groups:

Group A:

If you are currently on a recognised 2 year UK Core Surgical Training Programme, have achieved the requisite CT1 competences, and expect to achieve CT2 competences by the post start date, then you will not be required to submit evidence in support of your achievement of core surgical training competences at time of application.

Group B:

If you have successfully completed a recognised 2 year UK Core Surgical Training Programme you will be required to upload your ARCP 1 outcome form for CT2.

Group C:

If (a) or (b) do not apply to you then you must submit a completed Certificate of Equivalence of Core Surgical Training (CECST) at the point of application. Submission of a completed CECST is the only acceptable evidence of achievement of equivalence of core surgical training for your application to General Surgery ST3 and/or Vascular Surgery ST3. If you fail to submit this then it is highly likely that you will be withdrawn from the recruitment process.

Information on CECST

The CECST is the only acceptable evidence of achievement of all requisite core surgical competences for your application to General Surgery ST3 and/or Vascular Surgery ST3. All competences must be signed off in order for a CECST 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 CECST must be submitted by all applicants who are not on a UK Core Surgical Training programme.

The CECST can be downloaded from the documents tab on the advert page on Oriel.

The following questions will be asked on the application form and must be answered by all applicants:

1) Are you currently on a UK core/specialty training programme, and expect to acquire all CT competences and gain a satisfactory ARCP outcome for Core Surgical Training by the start date of the post/programme to which you are applying?*

* Answer No for posts that are not part of a designated Core/Specialty programme associated with a UK Postgraduate Specialty School

In which LETB/ DEANERY are you currently undertaking core training?

If you meet this requirement your application will be considered on this basis. You do not need to provide any evidence at this stage. If the information is false or misleading, your application may be disqualified. Any offer of a specialty training programme will be conditional upon you achieving a satisfactory ARCP outcome for CT by the start date of the post to which you are applying. If appointed, evidence of your satisfactory ARCP outcome for CT-must be produced to your new employing trust. If you do not achieve a satisfactory outcome you must inform the Trust / LETB/ Deanery immediately.

If you answer no to question 1, you will be required to answer question 2.

You have answered NO to question 1 above. You are therefore required to show that your previous experience meets the eligibility criteria for this specialty training programme. You must have the required experience, as stated in the person specification (excluding clinical attachments) in the relevant specialty posts (in the UK or abroad) undertaken since Foundation competences by the start date of the post to which you are applying.

2) Are you able to provide one or more of the following documents to demonstrate core competences or appropriate experience in another specialty (where applicable)? (select all that apply). Please refer to specialty specific recruitment guidance to determine acceptable documents.

ARCP or RITA documents showing satisfactory outcome

If you have answered 'YES' to question 2 you MUST attach the documents to your application before the close of the application window. You must provide the original documents if invited to the selection centre*.

*A selection centre is a process not a place. It involves a number of selection activities that may be delivered within the Unit of Application.

If you have answered **No** to questions 1 and 2 above, you are required to show that your previous experience meets the eligibility criteria for this specialty/academic training programme. You must have (or expect to have by the time of appointment) an appropriate amount of experience in the relevant specialty, as detailed in the person specification (in the UK or abroad) undertaken since Foundation training, or since acquisition of Foundation competences. Time spent in clinical attachments / observer posts does not count.

3) Are you able to provide one or more of the following documents to demonstrate core / specialty competences or appropriate experience in another specialty (where applicable)? (select all that apply).

Completed Alternative Certificate of Core Competence for the specialty you are applying for

If you have answered 'YES' to question 3 you MUST attach the CECST to your application before the close of the application window. You must provide the original documents if invited to the selection centre.

4) If you are unable to provide the documentation as described above (e.g. because you are a refugee) but you believe you have achieved Core / Specialty Competency at the required level please describe why you believe you meet the eligibility criteria for this specialty and why you are unable to provide standard documentation.

You should bring to the selection centre any documentation (e.g. other reports relating to your training, appraisals, log book of training, reflective log, testimonials, assessments) that you believe supports your application.

8. Other Entry Criteria

Please see further details below regarding demonstration of entry criteria. This information is summarised in **Appendix III**.

MBBS (or equivalent)

You must list your primary medical qualification in the Entry Qualifications section of the application form. **Failure to do this will lead to your application being withdrawn from the process.**

Full MRCS by time of interview

You must indicate whether you have full MRCS or, if not, that you expect to receive results from the February exam by the first day of interviews (Monday 20 March 2017). **If you do not indicate either of these then your application will be withdrawn from the process. If you have indicated that you are sitting / have sat the February 2017 MRCS exam and are invited to interview, you must contact London and South East Recruitment office, via the Applicant Enquiries online portal, prior to your interview to confirm your exam result. Failure to do so will result in your application being withdrawn from the process. The portal can be found here: www.lpmde.ac.uk/applicantenquiries**

Achievement of core surgical competences

Please see section 6 – Competence Assessment in this guide for further details. **If you do not provide appropriate evidence of core surgical competences then your application will be withdrawn from the process.**

Complete employment history

You must include details of all employment undertaken since the award of your primary medical qualification **inclusive of foundation posts, and employment undertaken overseas**. If employment was undertaken as part of a rotation then each post on the rotation should be detailed separately. When detailing information relating to Core Surgical Training, you should indicate the specific surgical specialty undertaken on each rotation. **Failure to provide a complete employment history, inclusive of satisfactory explanations for any gaps in employment, will lead to your application being withdrawn from the process.**

You must ensure that your employment history is clearly presented and that experience in surgery is clearly indicated. **Assumptions about experience will not be made where information is inadequately presented. Failure to indicate this clearly will lead to your application being withdrawn from the process. Please also see below section 9 regarding October rotations.**

PLEASE NOTE: By processing your application beyond the longlisting stage London and South East Recruitment Office is not confirming that you have satisfied all entry criteria. If it is subsequently discovered that you fail to meet any of the requirements outlined in the 2017 General Surgery ST3 and/or Vascular Surgery person specification (dependent on which you have applied to) then your application will be withdrawn from the process irrespective of the stage the process has reached.

9. October Rotations

Candidates currently in core surgical training posts who are expected to complete core surgical training in October 2017 rather than August 2017 are eligible to apply for the 2017 round of General Surgery ST3 and Vascular Surgery ST3 recruitment.

10. Shortlisting

It is intended that the process for reviewing applications prior to interview for National Vascular Surgery ST3 and General Surgery ST3 2017 will involve longlisting only. However, in the event of a volume of applications that exceed the interview capacity, applications will be shortlisted for the purpose of reducing the number of applicants invited to interview to a number for which we can accommodate interviews.

11. References

London and South East Recruitment Office will be contacting your referees for a reference.

- Reference reports are not used at eligibility checking or at the selection centre but will be reviewed by the perspective employing Trust after offers have been made and prior to confirmation of appointment for successful applicants. The reference process is designed to check the accuracy of your previous employment and training history and to provide assurance of your suitability for employment.
- You must provide contact details, including e-mail addresses, of three referees who have supervised your clinical training during the last two years of your employment or undergraduate training. One referee must be your current or most recent consultant or educational supervisor familiar with your clinical development. Your NHS Employer will be required to take up references spanning the last three years of your work and education.
- Your referees should be contacted by you in advance to confirm that they are willing to provide a reference and are available and able to do so in the time period required for selection and appointment.
- Please ensure these details are correct as you will be unable to begin in post until references are supplied and checked.

12. Expressing Preferences

Preferencing will be made available via the Oriel system. Information will be sent to your registered email account with instructions on how to complete preferencing later in the process.

13. Deferred Entry

As per the guidance documented in [The Gold Guide](#) deferment can only be considered on statutory grounds such as maternity leave or ill health.

14. Interviews

- Interviews will be constituted by a single selection centre held at the **Events Centre**, Stewart House, 32 Russell Square, London, WC1B 5DN.
- Interviews will be conducted over the following dates (subject to change):
 - 20 – 29 March 2017
- Each interview consists of a panel of five stations which cover the following eight components: Portfolio, Clinical Scenario, Clinical Management, Professional Communication, Clinical Communication, Leadership & Teamwork, Academic and Technical Skills & Teaching.
- For further details regarding each component, please refer to **Appendix I**.
- For full details of the portfolio review process, please refer to **Appendix II**.
- Applicants will be scored and ranked by the selection centre panels.
- Each component will be assessed by a minimum of 2 consultants.
- **Important:** Applicants will be asked to bring certain documentation with them to the interview stage. Failure to bring the specified documents may result in applicants not being interviewed. Any applicants with concerns over their ability to bring the required documents with them to interview should make urgent contact with London and South East Recruitment Office in advance of the interview.
- Full details of the documents required for interview can be found in on the London and South East Recruitment office website at: <http://www.lpmde.ac.uk/laserecruitment/documents>

15. Offer Process

- The initial offers will be sent to applicants from the Oriel recruitment system by 27 April 2017
- Applicants will then have 48 hours (including weekends and bank holidays) to accept, reject or hold
- Offers can be held until 1pm on 03 May 2017. You can only hold one offer at a time.
- If you do not accept the held offer by this time it will be deemed to have been rejected. Offers made after this date can only be accepted or rejected.
- Applicants can 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. However, there is a deadline to which upgrades can occur – 05 May 2017. No further upgrades can occur after this date.

- Applicants who have been found unappointable will be notified of this.
- After the first response period, the next phase of offers will be made.
- Applicants will then have 48 hours (including weekends and bank holidays) to respond.
- Iterations of offers will then continue as and when an applicant declines a programme.
- Once a programme has been accepted, London and South East Recruitment Office will pass details to the local Health Education Region/deanery.
- Local Health Education Regions/deaneries will allocate applicants to a starting location and confirm the start date.
- During the offer process if a candidate rejects an offer, no further offers will be made in the same recruitment process

16. Equal Opportunities Monitoring Information

- As public sector employers, healthcare organisations are required to collect information on equal opportunities. Please complete the section as requested.
- London and South East Recruitment Office is committed to ensuring equal opportunities and we actively encourage applications from people with disabilities. If you are a disabled applicant and would like to request a guaranteed interview and/or you require adjustments to the recruitment process, please refer to the 'Request for Adjustments and GIM form' and illustrated guidance available on the documents tab on the advert page on Oriel.

17. Links to follow when highlighted throughout this guidance:

Recruitment portal

<https://www.oriel.nhs.uk/web>

Person Specifications

<https://specialtytraining.hee.nhs.uk/Recruitment/Person-specifications>

UK Border Agency website

<https://www.gov.uk/government/organisations/uk-visas-and-immigration>

The Gold Guide

<http://specialtytraining.hee.nhs.uk/news/the-gold-guide/>

CESR (CP)

<http://www.gmc-uk.org/doctors/eligibilityfaqs.asp#7>

CCT

<http://www.gmc-uk.org/doctors/cctfaqs.asp#1>

ISCP

https://www.iscp.ac.uk/surgical/assessment_wba.aspx

Applicants are required to read and fully understand the guide to completing your online Vascular Surgery ST3 and/or General Surgery ST3 application form.

Appendix I

Interview Structure

Appendix I

The interview will be organised as a Selection Centre with five stations, each of approximately 20 minutes duration.

Please note the timings are subject to change prior to the interview. Each station will assess different aspects of the Person Specification and will include one or more components. Each station will be scored by two consultants with experience and training in selection methodology.

The scores are all put through a statistical Rasch analysis which compensates for interviewers who are 'hawks' and 'doves' and also for 'easy' and 'difficult' scenarios, apart from the Portfolio Station.

The stations will comprise:

1. Portfolio Station

In this station your portfolio will be reviewed in order to assess your level of achievement. You will be scored against a set of defined achievements that have been chosen to assess your achievements against the criteria set out in the nationally agreed person specification. This station will last 20 minutes. Scoring will reflect the applicant's length of experience relative to their achievements. Please see **Appendix II** for details regarding the constitution of your portfolio.

You then change location.

2. Clinical / Clinical Management Scenarios Station

You are now given 6 minutes to read the clinical management and clinical scenarios

Clinical Scenario

In this part of the station you will be asked questions based on this scenario with your answers being scored against criteria set out in the nationally agreed person specification. An example scenario, indicative of the type of scenario you can expect on the day of the interview, is detailed below. The questioning will last 8 minutes.

Question example:

You have been called to the Accident and Emergency Department to see a 15 year old boy who is brought in by his father having fallen off his bike. He has a history of rheumatoid arthritis and asthma. He is on prednisolone, multiple inhalers and aspirin. He is complaining of left upper quadrant pain, looks pale and is peripherally shut down. His parents are divorced and he normally lives with his mother.

He has a pulse of 130 and BP 80/60 and abdominal pain. He has extensive bruising on his abdomen from where the bicycle handlebars have caught him.

You are on the way to the Accident and emergency department. What are your initial thoughts?
What are the clinical and organisational issues that need to be addressed?

As the scenario progresses, you will be given more acute information during the interview.

Clinical Management Scenario

In this part of the station you will be asked questions based on this scenario with your answers being scored against criteria set out in the nationally agreed person specification. An example scenario, indicative of the type of thing you can expect on the day of the interview, is detailed below. The questioning will last 7 minutes.

Question example:

You are the ST3 general surgery registrar on call. The team on with you includes an FY1, a CT1, a vascular surgery consultant and a GI surgery consultant. At 8.30 pm, the GI consultant is on his way in to undertake a laparoscopy with you on a 27 year old assault victim, who is ventilated on ITU because of an attempted strangulation but who is making poor progress and becoming increasingly unstable and acidotic. A CT scan shows a little free fluid in the upper abdomen and little else of note but the ITU consultant is worried about potential bowel necrosis.

While waiting to send for the ITU patient, you are asked to see a 93 year old lady in atrial fibrillation with acute limb ischaemia of 10 hours duration. She has a reasonable quality of life and her relatives are extremely anxious that something is done to save the leg, which is pale, pulseless, paraesthetic and paralysed but still potentially salvageable.

During your examination of the patient you receive a telephone call from a hospital 25 miles away referring you a 67 year old, otherwise fit man admitted there at 3pm with presumed renal colic. He is haemodynamically stable but has just had a CT showing a contained rupture of an 8cm abdominal aortic aneurysm. You are obliged to accept him on the vascular emergency network rota and you know his transfer will take anywhere from 90 to 120 minutes. You phone the vascular consultant who advises that the acutely ischaemic leg patient risks potentially lethal reperfusion injury the longer the delay in revascularisation.

What are the issues and how would you proceed?

3. Professional Communication Station

In this component you will be provided with a phone and required to make a call to an interviewer acting as your consultant. You will be provided with information beforehand and required to report back to a consultant

on the telephone. Your approach to this task will be scored against criteria set out in the nationally agreed person specification.

The total time for this station is 16 minutes during which you have to read the scenario, look at the investigations and complete a telephone call to your consultant (Mr/Miss White) – you have 6 minutes to read the scenario and 10 minutes for phone call. You will be informed when 6 minutes is up.

An example of the scenario

You have been in your new ST3 post for 2 weeks. The post is in a hospital you have not worked in before and you are just finding your feet. The overnight 10pm to 8am emergency cover team for general surgery comprises an FY1, a CT2 and the consultant, who is non-resident but covers emergencies 24 hours at a time. You are on emergency daytime/evening cover this week and have just completed your shift at 10.00pm. You had not previously worked with the consultant on call who has asked you to telephone at the end of your shift for an update on the emergency patients.

You had had a number of admissions,

- A 24 year old male with non-specific central abdominal pain for observation
- A 47 year old female with cholecystitis clinically whom the consultant wants to operate on tomorrow
- A 20 year old female with a pilonidal abscess
- A 24 year old male with a stab wound to the abdomen which you had explored under local anaesthetic and as far as you could tell did not appear to enter the peritoneal cavity
- A 28 year old male who had a 3 hour history of upper abdominal pain of acute onset. He had vomited once or twice with no obvious blood in the vomitus. He drinks several pints of beer most nights a week. On examination he had multiple tattoos and was irritable. His pulse was 96, his respiratory rate 26 and his temperature 37.4 °C. His blood pressure was 110/70. His chest was clear. He had a midline laparotomy scar which he said was following a road traffic accident 3 years ago. He was tender in his upper abdomen but without obvious guarding. His bowel sounds were present but quiet. The patient did not appear too unwell to you. The FY1 had sent off investigations which showed: Hb 13.8, WCC 14.2,
pH 7.35, pCO₂ 3.2, pO₂ 15.8, HCO₃ 18, BE= - 4
Urea 9.4, Creat 82
Amylase 403
Chest x-ray – normal
Abdominal x-ray - No obvious abnormality
- A 15 year old boy with a sore testis and epididymis
- A 90 with dementia and distended large bowel on an X-ray.

You need to make a phone call to the consultant on –call for an update. Time is tight. Do not just read out what is written down.

This station will last a total of 16 minutes (including reading time).

4. Leadership and team working and Academic station

You then are given the leadership and team working scenario and the academic scenario (an abstract). You have 6 minutes to read the scenario and abstract.

Leadership and Team Working scenario

In this component you will be asked to read a scenario designed to test your leadership and team working skills. You will then be asked questions based on this scenario with your answers being scored against the criteria set out in the nationally agreed person specifications. An example scenario, indicative of the type of thing you can expect on the day of the interview, is detailed below.

It is 08.00 on a Tuesday morning and you have just arrived on the ward for the morning round before the 08.30 half day theatre list, which has on it an elective laparoscopic cholecystectomy first, then a defunctioning colostomy for an obstructing rectal cancer. Your medical team consists of Foundation year 1 doctor, you, and your consultant.

As you arrive on the ward the sister comes up to you and tells you that a man who had a Hartmann's procedure for perforated diverticular disease last week has a burst abdomen. She also mentions that he is a Jehovah's Witness.

The foundation year one doctor has also rung in sick. Your consultant is in theatre waiting for the list to start.

Consider what the management and organisational issues need to be addressed?

This questioning will last 10 minutes

Academic scenario: abstract

Having read the abstract before entering the room, you will then be asked questions based on this abstract and on broader areas of academic data analysis. This is in order to assess your competency in relation to the nationally agreed person specification. This component will last 10 minutes.

5. Technical skills and teaching station and Patient communication scenario

Technical skills and teaching skills

In this component you will be required to perform a technical procedure. The technical skills station will involve a test similar to one of the exercises in the Basic Surgical Skills course. You are expected to demonstrate and teach the skill given to you to the consultant interviewer as if they are an ST3 level trainee. Your performance will be assessed and scored according to your aptitude and proficiency to demonstrate and teach the skill given.

This component will last 10 minutes

Patient communication scenario

You will be given 2 minutes to read the scenario outside the room and then asked to come back into the room. You should go straight to the actor who will be either a patient or relative (who they are will be obvious from the written scenario). You will then have a conversation with the patient/relative. This conversation will not involve the consultant assessors. This will last 9 minutes.

Patient communication scenario example:

You are the registrar on –call and you have been asked to speak to the son of a dying patient who is being given palliative care. He was unaware his mother was dying. The mother is 60 and has had an open and close laparotomy for disseminated colorectal cancer and was found to have at least 3 m of ischaemic (black) small bowel. She is moribund.

This station concentrates on your patient/relative communication skills.

Appendix II

Guidance for applicants - portfolio of documentary evidence

The interviewers will ask to see evidence of any item or activity which you have described in your application form, for example a course certificate or an audit presentation. Please see the table below for evidence which you will need to present (if appropriate) in your portfolio of documentary evidence.

IMPORTANT - please ensure that your portfolio of documentary evidence is well organised using tags, labels or a contents list so that the interviewers can readily find the evidence they require.

Where mention is made to "signed evidence", appropriate email confirmation will be accepted.

Guidance on Setting Out Your Portfolio

Applicants will be required to compete and sign the 'Portfolio Station Declaration form' available on the documents tab on the vacancy advert on Oriel. Applicants will be required to bring the form, along with their portfolio, to interview.

Please set out your Portfolio in the following order:

- 1) A copy of your CV.**
- 2) Evidence of your career history since qualifying in medicine.**
Please include a summary of all your posts and give the total length of time (in months) spent in each specialty.
- 3) Evidence for all your degrees and other qualifications.**
e.g. MB ChB, MRCS, BSc, MD, PhD.
- 4) Evidence for any prizes for your undergraduate and postgraduate studies (signed evidence for all that is in your application form).**
- 5) Evidence of all Workplace Based Assessments (or equivalent). Case based discussions (CBD), mini CEX (observation of consultations, ward rounds, WHO checklist involvement), Mini Pat (360 degree assessments) and PBA (procedure based assessments)/DOPS. Please separate into these specific sections. (please refer to the 'How to print your WBAs' guidance**

document available from the documents tab on the advert placed on Oriel)

Please include a summary showing all your assessments during your surgical training after foundation years (house officer equivalent), the date (chronological order is required), whether a consultant is involved or not, the level (1,2,3,4) as described on the ISCP.ac.uk website, and the total number of each individual type of assessment. Only validated assessments count. A PDF attachment will be sent with invitations to interview with instructions on how to print out from the iscp.ac.uk website (if your assessments are on this site).

THESE SUMMARIES ARE MOST IMPORTANT.

We are looking for regular assessments throughout your surgical training, a spread of topics, consultant assessment and evidence of progression.

Candidates who have trained outside the UK's National Health Service or are not currently in training are encouraged to complete paper versions of the assessments which can be downloaded from the Intercollegiate Surgical Curriculum Programme [ISCP](#) website.

6) Logbook.

Please make sure you include a consolidation sheet giving total numbers of each operation and your role (supervised with trainer scrubbed etc. and level of competence achieved consistently.

Make sure you include appendicectomy, hernia repair, laparoscopic port placement, incision for laparotomy and other procedures that are indicated in the ISCP syllabus under other speciality attachments (if other speciality attachments are undertaken).

7) Evidence for all the courses you have attended.

Please give a summary list of these including the title, date and whether you successfully passed any course assessment. Certificates of attendance should be provided.

8) Evidence for all the audits you have undertaken.

Please also include a summary of these giving the same details that are requested on the Application Form. Verification of your role needs to be stated in the statement signed by a consultant/AES/CS.

9) Copies of all your publications along with a summary reference list. Same format as application form.

10) Evidence for all the presentations you have given along with a summary list of these.

11) Evidence for all your teaching activity (with feedback) along with a summary of all activities needs to be provided. There needs to be signed evidence of everything declared in the application form.

12) Evidence for all management, leadership or teamwork activities along with a summary list as declared in the application form. There needs to be signed evidence of everything declared in the application form.

13) Any other information you would like to include along with a summary list of any key achievements (including those outside medicine). Please get signed appropriately.

Appendix III

Longlisting

At the longlisting stage your application will be reviewed in relation to the entry criteria set out in the nationally agreed person specification for General Surgery ST3 and/or Vascular 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 interview)	You must have passed full MRCS by the time of interview. 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 in February 2017 when asked "If you have answered 'No' to the question 'Do you currently have full MRCS?', will you be sitting/have you sat the MRCS exam in February 2017?"
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 CECST are the only acceptable documents. Applicants providing incomplete or unsatisfactory evidence will be provided 48 hours to submit satisfactory evidence.

