

# 2026 ST3 General Surgery Supplementary Applicant Handbook



## Contents

### Contents

<b>Introduction</b> .....	<b>3</b>
<b>Summary of 2026 recruitment</b> .....	<b>3</b>
Recruitment programme.....	6
<b>How to apply</b> .....	<b>6</b>
<b>Eligibility and Longlisting</b> .....	<b>7</b>
<b>Reasonable adjustments and Guaranteed interview scheme</b> .....	<b>7</b>
<b>Special circumstances and Fitness to Practise</b> .....	<b>8</b>
<b>Deferred start dates and Less Than Full Time</b> .....	<b>8</b>
<b>October rotations</b> .....	<b>8</b>
<b>Shortlisting process</b> .....	<b>8</b>
Interviews.....	9
<b>Online interview process</b> .....	<b>9</b>
<b>Ranking, Outcomes &amp; Preferencing</b> .....	<b>10</b>
<b>Offers, References and Scoresheet</b> .....	<b>10</b>
<b>Allocations</b> .....	<b>11</b>
<b>Useful links</b> .....	<b>11</b>
<b>Appendices</b> .....	<b>11</b>
<b>Appendix 1 – Longlisting</b> .....	<b>11</b>
<b>Appendix 2 – General Surgery Shortlisting Questions</b> .....	<b>12</b>
<b>FAQs</b> .....	<b>20</b>

## Introduction

The National Recruitment Office for General Surgery ST3 is NHS England – London.

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 [Specialty Training website](#)

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

## Summary of 2026 recruitment

The Person Specification for ST3 General Surgery remains unchanged except for the GMC registration requirement and the update about the CRESHT form which is now the “Alternative Certificate of Eligibility to Enter Higher Surgical Training” form as outlined below and on the Person Specification.

Candidates will fill in an application form on Oriel which will clearly outline the evidence required for each domain using templates with clear instructions for additional evidence (where relevant).

The evidence upload window (for the checklist, templates and associated evidence) remains in place to allow candidates to gather evidence and have the templates countersigned and this will now be done via the Qpercom Evidence Portal.

The candidates’ application and associated evidence will be used to shortlist candidates for an 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 shortlisting 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 points in relation to previous recruitment round:**

- 1) Applicants should familiarise themselves with the generic changes to medical specialty recruitment published by NHS England (<https://medical.hee.nhs.uk/medical-training-recruitment/news/changes-to-medical-specialty-training-recruitment-for-2026>). In particular: **Applicants to 2026 specialty recruitment will now need to be fully registered with the General Medical Council (GMC) at the point of application.**
- 2) Completed templates and supporting evidence must be reviewed and certified as true and accurate by the candidate’s Educational Supervisor (or equivalent) as in previous years. However, to reduce the number of signatures required, from 2026 the cover sheet **“Shortlisting Evidence Applicant & Educational Supervisor Checklist” must be completed and uploaded by each applicant, to the Qpercom Evidence Portal. PLEASE NOTE THIS IT IS MANDATORY TO UPLOAD THIS COMPLETED CHECKLIST AND WE REQUIRE A SIGNATURE AGAINST EACH QUESTION:**

**The checklist includes the following statement(s):**

*Applicants, verifiers and shortlisting panel members should note that each logbook page, including cover sheets where applicable (Supporting evidence for question/template 2) must also be individually verified with a legible ES name, signature and GMC (or equivalent) number, or the application will be rejected.*

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*When reviewing and verifying logbook evidence, please ensure this is congruent with the applicant's employment history. If the applicant has undertaken General Surgery posts where logbook evidence appears to have been either exaggerated or omitted in order to increase their points score in that domain, a score of 1 point will be awarded instead."*

- 3) Applicants must upload **one merged PDF document per question**, containing both the **template** and all **supporting evidence** relevant to that question. This approach helps the consultant to review the evidence efficiently and avoids confusion about how points should be awarded.

**Failure to follow this guidance may result in your evidence not being reviewed/or your application being withdrawn from the process.**

- 4) Each application will be scored at shortlisting by an individual consultant in the first instance. However, in event of a "high-stakes" decision e.g. one which would result in withdrawal of the application, second independent agreement from a clinical lead will be required.
- 5) Contingency for lack of availability of shortlisting panel members:  
We reserve the right to reduce the volume of applicant evidence assessed at shortlisting in the event of a significant shortage of shortlisting panel members caused by unforeseen circumstances. We would notify applicants of any change to the process in advance of the shortlisting process. We advise applicants to upload their 2 presentations and publications in priority order so that the items uploaded as item 1 in each category would be the ones that would be considered in the event that this contingency was required.
- 6) Evidence in the Audits domain is reduced to a single closed-loop audit from the previous 3 in response to feedback from previous recruitment rounds. Applicants should also note that very generic audits are no longer accepted e.g. (Mandatory) Trust VTE audits, antibiotic prescribing compliance, simple casenote/operation note audits, as these are felt to have low/no value in discriminating between the best applicants for ST3. This is current practice in other specialties e.g. ENT.
- 7) Marks for audits which are no longer required have been redistributed to other domains, increasing the relative weighting for experience in general surgery and for operative experience, reflecting the importance of these domains.  
A proportion of the marks available for redistribution will also contribute to a global score for the presentation of the shortlisting evidence (score range 0-5). This is consistent with both the general surgery interview stage, and with other surgical specialties (e.g. T&O). Global scores will also form the initial "tie-break" in the event of tied scores.
- 8) Increase in the minimum number of index operative procedures required. Previously applicants were required to have completed 6 or more appendectomy at STS or above. From 2026 this has been increased to 10 minimum, with the justification that COVIDs impact on access to opportunities to operate is diminished as training activity recovers, which should be reflected in an increase in applicant operative experience.
- 9) There are a small number of iterative changes to the score distribution/descriptors within some domains as a result of feedback on descriptor performance from previous rounds. E.g. Presentations domain now excludes regional meetings (in line with other specialties e.g. T&O, Plastics, Vascular), and as there is no distinction between national/international meetings the marks/descriptor for meeting level becomes redundant. That mark is reallocated to a descriptor of the quality of the work (not scored 2025 round) to be congruent with audit scoring descriptors. Type of presentation will no longer distinguish between some types of presentation which are not felt to be of relevance to the quality of the work (e.g. oral vs orally presented poster vs poster).
- 10) Statement regarding the use of Artificial Intelligence during remote interviews:

The four nation Postgraduate National Recruitment Programme Board has issued a position statement on the use of Artificial Intelligence (AI) during interviews for postgraduate training programmes, including medical specialty training. Applicants should carefully review this, particularly noting the statement “Any applicant who is found to be using AI or other automated technologies during the interview will be disqualified from the recruitment process and may be referred to the relevant professional or regulatory body.”  
The full statement can be found at:

<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/position-statement-on-the-use-of-artificial-intelligence-%28ai%29-during-interviews>

## Recruitment programme

Applicants can find the Medical Specialty training guidance for NHS England specialty training link below:

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

**Applicants must read both this Supplementary Handbook and the medical training guidance before beginning their application.**

### Timeline and Key Dates:

Activity	Date(s)
<b>Advert appears</b>	By 5pm on Wednesday 19 <sup>th</sup> November 2025
<b>Applications open</b>	At 10am on Thursday 20 <sup>th</sup> November 2025
<b>Applications close</b>	At 4pm on Thursday 11 <sup>th</sup> December 2025
<b>Evidence upload window</b>	Tuesday 16 <sup>th</sup> December 2025 – Monday 12 <sup>th</sup> January 2026
<b>Shortlisting Scoring dates</b>	Monday 26 <sup>th</sup> - Tuesday 27 <sup>th</sup> January 2026
<b>Shortlisting Results Release date</b>	by 5pm Thursday 12 <sup>th</sup> February 2026
<b>Appeals Window</b>	Thursday 12 <sup>th</sup> - Monday 16 <sup>th</sup> February 2026
<b>Invites to Interview date</b>	By Tuesday 10 <sup>th</sup> March 2026
<b>Interview dates</b>	Thursday 26 <sup>th</sup> & Friday 27 <sup>th</sup> March 2026
<b>Interview venue</b>	Remote interview
<b>Preferences Open</b>	Thursday 19 <sup>th</sup> March 2026
<b>Preferences Close</b>	Thursday 2 <sup>nd</sup> April 2026
<b>Initial offers released all regions</b>	By 5pm on Tuesday 14 <sup>th</sup> April 2026
<b>Hold deadline</b>	At 1pm on Wednesday 22 <sup>nd</sup> April 2026
<b>Upgrading deadline</b>	At 4pm on Thursday 23 <sup>rd</sup> April 2026
<b>Training start date</b>	August/October 2026 (TBC by employing trust/region)

*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 Recruitment Office on behalf of the General Surgery Specialty Advisory Committee (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 10am on Thursday 20 November 2025 and 4pm on Thursday 11 December 2025. 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 website](#).

To register on Oriel, applicants must ensure they have a valid email address. Communication between NHS England London 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 applications are likely to be rejected prior to the interview stage should applicants fail to provide suitable evidence that they meet all the criteria assessed at longlisting. Please refer to the [person specifications](#) for full details of entry criteria.

Applications 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 they have been made an offer.

### **Important information on CREHST (Certificate of Readiness to Enter Higher Surgical Training) certificate.**

This has now changed to *The Alternative Certificate of Eligibility to Enter Higher Surgical Training* form and 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 who will have completed a UK Core Surgical Training Programme by the post start date. All competences must be signed off in order for the Alternative Certificate of Eligibility to Enter Higher Surgical Training 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. Alternative Certificate of Eligibility to Enter Higher Surgical Training must be submitted by all applicants who are not on or have not completed a UK Core Surgical Training programme.

**[Important: For 2026 recruitment a satisfactorily completed 2021 Certificate of Readiness to Enter Higher Surgical Training will also be accepted as evidence of achievement of competence, with further information available.](#)**

The Alternative Certificate of Eligibility to Enter Higher Surgical Training can be downloaded from the [Oriel resource bank](#). And can also be found under the 'document tab' in the Oriel advert content section and the link above.

## Reasonable adjustments and Guaranteed interview scheme

London 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 declare this as part of their submitted Oriel application form. All documentation should also 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

Applicants should refer to the Specialty Training guidance on [special circumstances](#) and [Fitness to Practise](#) before starting their 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 Recruitment Office [Fitness to Practise \(FTP\) declaration form](#) 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/tickets/new?form\\_1](https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?form_1)

## Deferred start dates and Less Than Full Time

Further information on how to request a [deferred start date](#) or [training less than full time \(LTFT\)](#) can be found on the Specialty Training Website.

## October rotations

Candidates currently in core surgical training posts who are expected to complete core surgical training in October 2026 rather than August 2026 are eligible to apply for the 2026 round of General Surgery ST3 recruitment.

## Shortlisting process

Applicants will be provided with further instructions about how to upload evidence via the Qpercom Evidence Portal in due course. Applicants should ensure that they present the evidence in the requested format as detailed within the 7 templates and also upload the General Surgery ST3 Shortlisting Evidence Applicant & Educational Supervisor Checklist. Failure to do so will result in their application being withdrawn.

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 upload the General Surgery ST3 Shortlisting Evidence Applicant & Educational Supervisor Checklist, the template for each question and supporting evidence by the stated deadline will result in your application form being withdrawn by the recruitment team. The upload window is Tuesday 16<sup>th</sup> December 2025 – Monday 12<sup>th</sup> January 2026.

**Please note:** Recruitment administrators are **not able to upload evidence on behalf of applicants.**

When using the **Qpercom Evidence Portal**, please be aware that **once you submit your evidence, your submission is final.** You will **not be able to edit, replace, or upload additional documents**, even if the deadline has not yet passed.

Therefore, ensure that **all required documents are uploaded** before submitting, as **no amendments can be made after submission.**

## 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 the interview. Further information on how to book an interview slot can be found in the [Oriel Applicant User Guide](#). Applicants can attend only one interview regardless of where they wish to train in the United Kingdom. Interviews will be held remotely.

**Interview dates:** Thursday 26<sup>th</sup> & Friday 27<sup>th</sup> March 2026

## Online interview process

All interviews will be undertaken online. A link to join the interview will be sent via Oriel. It is the applicant's responsibility to ensure that they have tested the link from the device they intend to use, as they may need to secure an alternative device 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 they must undertake before the day of the interview. A copy of the Applicant Declaration can be found [here](#)

All interviews will be undertaken online using the virtual interview system Qpercom Recruit. This is a browser-based system. Applicants must join at the time they have booked on the day of the interview. Applicants must 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 applicants have prepared properly. Applicants will be briefed on the interview process and will be required to confirm their identity with the interview administrator. Applicants must 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 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 two observers present at any time.

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

Applicants must not use artificial intelligence software or other automated technologies during their interview during their interview, and if found to be doing so will be disqualified from the recruitment process and should expect to be referred to their regulatory body.

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 will last approximately 40 minutes.

The interview will be split into the following stations:

### **Clinical Station**

- **Clinical scenario reading time (5 minutes)**

Candidates will be given a scenario and have 5 minutes reading time prior to the interview.

- **Clinical scenario & questions (10 minutes)**

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

### **Management Station**

- **Management scenario reading time (5 minutes)**

Candidates 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)**

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

### **Professional Development Station**

- **Professional development questions (10 minutes)**

Candidates will have 10 minutes to answer questions about aspects of their career to date. Candidates do not need to prepare or present a hard copy of any evidence. **Shortlisting evidence will not be available to the interviewers to review during the 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 [Oriel Applicant User Guide](#).

Your ranking will be based on your combined interview and shortlisting 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 by Tuesday 14 April 2026.

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 preferred 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, applicants do not need to request their scoresheets after the interview.

## Appeals Procedure:

Please note that applicants may not appeal their shortlisting score. Applicants can only submit an appeal where they believe that published procedure/process has not been followed correctly. Please note that only the original evidence you uploaded will be taken into account and any additional evidence to support your appeal will not be considered.

Applicants will be given a 72-hour deadline to appeal where they believe the correct published procedure/process has not been followed correctly. 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.

## Allocations

Once offers have 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 their start date. Therefore, applicants should not expect to receive any communication from the programme or Trust prior to this time.

## Useful links

Oriel/Recruitment portal - <https://www.oriel.nhs.uk/web>

Recruitment website - <https://medical.hee.nhs.uk/medical-training-recruitment>

Person Specifications - <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/person-specifications/person-specifications-2026>

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

## Appendices

### Appendix 1 – Longlisting

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At the longlisting stage applications 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 applicants provide the evidence below in their application form. If applicants fail to follow these instructions, it is highly likely that their application will be withdrawn from the recruitment process.

The following criteria will be assessed at longlisting stage:

Criteria	Action Required
<b>GMC Registration</b>	All applicants must hold full registration with the General Medical Council (GMC) at the time of application, and hold a current licence to practise on the date your post commences.
<b>MBBS or equivalent</b>	Please include your MBBS, or equivalent, qualification in the 'Entry Qualifications' section of the application form. Applicants should indicate this as their primary qualification.
<b>Successful completion of MRCS by offer date (by time of offer date)</b>	Applicants must have passed full MRCS (Parts A and B) by the time of the offer date. The last eligible sitting of the MRCS Part B to qualify for this criterion is February 2026. Applicants should list MRCS in the 'Entry Qualifications' section of the application form, in addition to confirming that they have MRCS at time of application where asked "Do you currently have full MRCS?". Alternatively, applicants should confirm that they will be sitting/have sat the MRCS exam by the offer date when asked "Are you sitting an MRCS examination in the February 2026 diet (or earlier) that will lead to full MRCS qualification"
<b>Complete employment history</b>	All applicants must provide details of all posts undertaken following the award of their primary medical qualification. This includes Foundation and Core Surgery posts and work undertaken overseas.
<b>Evidence of achievement of CT1 competences in surgery by time of application and CT2 competences in surgery by time of appointment.</b>	Applicants 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 2021 CREHST ( <b>2026 Alternative Certificate of Eligibility to Enter Higher Surgical Training</b> ) are the only acceptable documents. Applicants providing incomplete or unsatisfactory evidence will be provided 48 hours to submit satisfactory evidence.

## Appendix 2 – General Surgery Shortlisting Questions

Listed below are the 7 questions which appear on the 2026 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. **Please ensure you are ONLY using the templates published for this recruitment round. Applications which are submitted using previous years templates will not be accepted, and this will result in the application being withdrawn from the process.**

**Applicants must record their responses to all 7 questions using the templates provided.** Applicants can access the 7 templates under the 'document tab' in the Oriel advert content section only. **The "Shortlisting Evidence Applicant & Educational Supervisor Checklist" must also be completed and uploaded by ALL applicant to the Qpercom Evidence Portal. Failure to do so will result in the application being withdrawn from the process.**

Candidates are reminded that the information they provide on the templates will form the basis of their scores. Therefore, full and detailed descriptions of their involvement in audits, publications and presentations are essential. Any evidence of plagiarism, including the use of AI in the templates will be treated as a matter of probity. Probity concerns will be treated with utmost seriousness and may result in candidates being withdrawn from the application process and referred to the GMC.

**All applicants MUST upload their completed and signed General Surgery ST3 Shortlisting Evidence Applicant & Educational Supervisor Checklist alongside the 7 completed templates merged with the relevant supporting evidence to the Qpercom Evidence Upload Portal, which opens on Tuesday 16th December 2025. Applicants will receive further information on how to access the Qpercom Evidence Upload Portal nearer to the time.**

**Shortlisting templates, checklists and evidence can only be accepted via the dedicated Qpercom Evidence Upload Portal.** Evidence provided to the London Recruitment Team by any other means will not be accepted. Failure to upload any completed template(s), evidence and checklist 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.

***Please note that the template information within this document should act as a guide ONLY. The full details of what is required for each template is detailed on each individual template.***

**Question 1**

By the end of July 2026, or by the completion of Core Training if this is later, how many months full time (or equivalent if LTFT) will you have spent in total in General Surgery in any Post-Foundation job in any country? Eligible posts **must** include experience in both unselected emergency general surgery and elective general surgery (or a recognised general surgical sub-specialty) Please do not include any other posts.

**Maximum points: 8**

Responses	Score
<ul style="list-style-type: none"> <li>0 to 3 months</li> </ul>	Ineligible for appointment
<ul style="list-style-type: none"> <li>4 to 7 months</li> </ul>	1
<ul style="list-style-type: none"> <li>8 to 12 months</li> </ul>	6
<ul style="list-style-type: none"> <li>13 to 36 months</li> </ul>	8
<ul style="list-style-type: none"> <li>37 to 60 months</li> </ul>	4
<ul style="list-style-type: none"> <li>61 months or more</li> </ul>	1

**Evidence:**

**In addition to the General Surgery ST3 Shortlisting Evidence Applicant & Educational Supervisor Checklist countersigned by your Educational Supervisor and completed template for Question 1:**

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. ***This must include clear, unambiguous evidence that the post(s) included experience in unselected emergency general surgery*** in addition to elective general surgery (or recognised general surgical sub-specialty).

The responsibility for providing adequate, clear and unequivocal evidence lies with the applicant. Please note that if the evidence is not clear the decision of the shortlisting committee will be final.

**Submissions where no template/evidence is submitted for this question will be deemed ineligible.**

**If the front page of your contract does not include specialty and both start and finish dates additional evidence confirming the duration and specialty of post (e.g. Letter from HR/Head of Service/Supervising Consultant) must also be uploaded as part of your evidence in this domain.**

**Question 2**

**By the time your evidence is submitted**, how many appendicectomies (laparoscopic and/or open) have you completed? Do not include cases where your role was limited to assisting the operating surgeon only.

**Maximum score: 10**

Responses	Score
• 0 to 9	Ineligible for appointment
• 10 to 20	2
• 21 to 35	7
• 36 to 70	10
• 71 to 85	5
• 86 or more	1

**Evidence:**

**In addition to the General Surgery ST3 Shortlisting Evidence Applicant & Educational Supervisor Checklist countersigned by your Educational Supervisor and completed template for Question 2:**

Please provide full and consecutive logbook evidence. Consolidation sheets from a validated logbook are acceptable. **Each page of the logbook including cover sheets where applicable** must contain a clearly legible signature, printed name and GMC number (or equivalent) for the verifying supervisor.

**Logbook evidence must be congruent with the applicant's employment history. If the applicant has undertaken General Surgery posts where logbook evidence is omitted, then a score of 1 point will be awarded for this section.**

**Please ensure there are no gaps in the logbook evidence. If there are gaps in the logbook evidence you provide, then a score of 1 point will be awarded for this section.**

**Submissions where no template/evidence is submitted for this question will be deemed ineligible.**

The responsibility for providing adequate, clear and unequivocal evidence lies with the applicant. Please note that if the evidence is not clear the decision of the shortlisting committee will be final.

**Question 3****Closed loop Audit:**

Please submit your single best closed loop audit. Please only submit an audit which has been presented, as you will need to provide evidence for this. For each loop of the closed loop audit you must provide evidence of your involvement in the design, execution and presentation stages.

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

Applicants should note that to qualify as a closed-loop audit, there must be clear evidence of

applicant involvement in both audit cycles. Submissions where the applicant is deemed by the shortlisters to have only been involved in the initial or re-audit will receive zero points and are ineligible to proceed to the interview stage.

Applicants should also note that very generic audits are no longer accepted e.g. (Mandatory) Trust VTE audits, antibiotic prescribing compliance, simple casenote/operation note audits, as these are felt to have low/no value in discriminating between the best applicants for ST3.

**Submissions where no template/evidence is submitted for this question will be deemed ineligible.**

**Maximum score: 8**

**Evidence: In addition to the General Surgery ST3 Shortlisting Evidence Applicant & Educational Supervisor Checklist countersigned by your Educational Supervisor and the completed template for Question 3.**

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

**Question 4**

By the end of July 2026, 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?  
 In order to be eligible for points, applicants must evidence that they have completed a minimum of 4 months full time (or equivalent if LTFT) **in both unselected emergency and elective work within the relevant specialty.**

**Maximum score: 4**

Responses	Score
<ul style="list-style-type: none"> <li>I will not have spent 4 months in any of these specialties</li> </ul>	0
<ul style="list-style-type: none"> <li>I will have spent at least 4 months in a post in 1 of these specialties</li> </ul>	2
<ul style="list-style-type: none"> <li>I will have spent at least 4 months each in posts in 2 or more of these specialties</li> </ul>	4

**Evidence:**

**In addition to the General Surgery ST3 Shortlisting Evidence Applicant & Educational Supervisor Checklist countersigned by your Educational Supervisor and the completed template for Question 4:**

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. **Where relevant, this must include clear, unambiguous evidence that the post(s) included unselected emergency and elective work within the specialty.**

The responsibility for providing adequate, clear and unequivocal evidence lies with the applicant. Please note that if the evidence is not clear the decision of the shortlisting committee will be final.

**If the front page of your contract does not include specialty and both start and finish dates additional evidence confirming the duration and specialty of post (e.g. Letter from HR/Head of Service/Supervising Consultant) must also be uploaded as part of your evidence in this question.**

### Question 5

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

Irrespective of PubMed ID, publications in pay-to-publish model journals (e.g. Cureus) are no longer be accepted and will score 0 points.

Please submit in order of preference, with your best publication first.

**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:**

- Please provide a single merged document which comprising of the completed template for Question 5 and supporting evidence
- Please provide a copy of each publication including the authorship list, journal reference, PubMed ID and journal impact factor
- 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

The responsibility for providing adequate, clear and unequivocal evidence lies with the applicant.

### Question 6

**Academic presentations:** Please submit your 2 best academic presentations. In order to be eligible for this section, the presentation must have been published by the time your evidence is submitted

Please submit in order of preference, with your best presentation first.

You may include poster presentations.

In event that the presentations duplicate/repeat one another (e.g. results/conclusions are the same and/or derived from the same data analysis), only the first presentation will be scored.

Points will be awarded for e.g. depth of candidate contribution, being the presenter of the work, quality of study.

Applicants should note that presentations made at departmental/hospital/regional (or equivalent) level only are not eligible. Decisions regarding benchmarking of the relative level of a scientific meeting are at the discretion of the shortlisting panel/clinical leads irrespective of meeting title.

Applicants should note that presentations made in the course of the applicant delivering teaching/training activity are not accepted. This category of activity can be discussed during the professional development interview station.

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

**Evidence:**

- Please provide a single merged document which comprising of the completed template for Question 6 and supporting evidence
- 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

The responsibility for providing adequate, clear and unequivocal evidence lies with the applicant.

**Question 7**

**By the time your evidence is submitted**, have you been awarded a stand-alone degree by a UK university (see evidence below)? (NB: This **does not** include intercalated degrees, including intercalated degrees which are part of a standard training programme).

**Scoring does not include intercalated degrees, including those which are recognised to be a mandatory component of a postgraduate training programme, either in the UK or overseas. If uncertain please refer to the following publication:**

<https://doi.org/10.1308/rcsann.2024.0086>

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
<ul style="list-style-type: none"> <li>PG Certificate</li> </ul>	1
<ul style="list-style-type: none"> <li>Diploma/Masters degree without thesis or dissertation</li> </ul>	2
<ul style="list-style-type: none"> <li>Masters with thesis or dissertation (e.g. MSc, MMedEd, MS, ChM)</li> </ul>	3
<ul style="list-style-type: none"> <li>MD</li> </ul>	4
<ul style="list-style-type: none"> <li>PhD</li> </ul>	5

**In addition:**

- Please provide a copy of your degree certificate. (Or written evidence from the university confirming the award pending graduation and issuing your 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 university confirming that it was awarded following the production of a research-based thesis and full examination together with a copy of your results transcript).
- If your degree certificate is not in English, you must provide a certified translation
- The responsibility for providing adequate, clear and unequivocal evidence lies with the applicant.
- **We are aware of organisations such as UK NARIC however the Selection Leads will be the final arbitrators.**

## FAQs

### **Do all questions still have templates which need to be countersigned by Educational Supervisors (or equivalent)?**

It is no longer required that each template is countersigned by your ES.

To reduce the number of signatures required, the “**Shortlisting Evidence Applicant & Educational Supervisor Checklist**” must be completed and uploaded instead. ES’s should ensure that they have checked over each completed template and associated evidence before they sign off your checklist. **You must still also ensure that your logbook evidence has also been adequately verified by your ES on each/every page including any cover pages where relevant.**

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 allow selectors to assess more than raw numbers, and the step of asking Educational Supervisors to check over and verify the accuracy of information provided by applicants means that there is a step before evidence upload to quality assess and feedback regarding the evidence presented which in turn helps to ensure that candidates are scored appropriately because their evidence is clear.

### **If I do not upload the Shortlisting Evidence Applicant & Educational Supervisor Checklist, can my evidence still be scored?**

No, it is MANDATORY to upload the checklist. Without the checklist, your evidence will not be reviewed, and your application will be withdrawn from the process. You are only required to upload ONE completed **Shortlisting Evidence Applicant & Educational Supervisor Checklist ensuring that all questions have been signed with a signature. This should appear first and the Question templates and supporting following.**

### **Will my score be reduced if I do not submit exactly the evidence required?**

Yes, 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. The 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 the introduction of bias and unfairness.

### **Some candidates were withdrawn last year for not submitting a template for one of the questions. Is this really fair?**

Questions 1,2 and 3 relate to Essential Entry Criteria for ST3 in General surgery, whereas other questions relate to desirable criteria. Failure to submit a template, suitable evidence and Shortlisting Evidence Applicant & Educational Supervisor Checklist for the Essential Entry Criteria make the application void and therefore those applications will be withdrawn from the process. This is made clear in the Person Specification which states “All sections of application form must be completed fully according to written guidelines.”

### **Why can't I appeal my shortlisting or interview score?**

The shortlisting and interview scoring are subject to a very high degree of standardisation, training, scrutiny and quality assurance. Every candidate's shortlisting application and each station of the interview is assessed against a standardised scoring matrix. Lay and trainee representatives are involved at all stages to independently ensure that the process is fair. The decisions on scoring are therefore a matter of professional judgement and not subject to appeals. The MDRS complaints procedure is available where the candidate is concerned that the process has not been adhered to or has been applied unfairly.

### **Re Question 1:**

#### **Why 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.

The Person Specification makes clear in the Career Progression section of the Essential Entry Criteria that "Applicants must not already hold, nor be eligible to hold, a CCT/CESR in the specialty they are applying for and/or must not currently be eligible for the specialist register for the specialty to which they are applying".

## **Re Question 2:**

### **Why does my score reduce to 1 if I have performed more than 86 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 86 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. The Person Specification makes clear in the Career Progression section of the Essential Entry Criteria that "Applicants must not already hold, nor be eligible to hold, a CCT/CESR in the specialty they are applying for and/or must not currently be eligible for the specialist register for the specialty to which they are applying".

### **Why am I ineligible for selection if I have undertaken <10 appendicectomies?**

This is a selection process for ST3 General Surgery. If you have only been able to undertake <10 appendicectomies you would benefit from more clinical exposure to general surgery before applying for ST3.

## **Re Question 3:**

### **Why do I need to select only my best closed loop audit for scoring, rather than submitting all of my audits/QIPs?**

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

### **How will I know if my closed-loop audit is acceptable?**

Your work must be considered a true closed-loop audit by the shortlisting panel. This means that there must be a specified audit standard and evidence of an intervention being implemented between audit cycles. You must also be able to clearly evidence that you have been personally involved in both the pre and post-intervention audit cycles. Re-audits of work done by others will not count. Submission of an audit department certificate or letter from a supervising consultant indicating that your work is a closed-loop audit is likely to be insufficient if the content does not meet these requirements.

### **How do I know if my closed-loop audit will be considered a "Mandatory Trust Audit" and therefore not counted?**

Our intention is to exclude only the type of audits which are considered "routine" mandatory audits as these are very poor discriminators of who will make an excellent ST3 in general surgery. We cannot be comprehensive in listing these, but typically they would comprise relatively basic audits such as: Audits of compliance with VTE assessment standards, Audits of compliance with standards for operative or casenote documentation. Audits of compliance with antibiotic prescribing standards, Hand hygiene audits or equivalent. A common theme is a relative lack of any unique elements to the audit (topic area and/or intervention).

Whilst the shortlisting panel decision is final, we recognise that there may be some apparent overlap between excluded audit themes, and audits which are contextually novel. We advise applicants to articulate very clearly via their question 3 template how their submitted audit is novel if they are concerned how it will be perceived.

**Re Question 5:**

**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 self-assessment scoring in the past, 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 6:**

**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 self-assessment scoring in the past, 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 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 does my degree have to have been awarded by a university?**

Universities provide a comparable and quality assured measure of candidate academic achievement

**Enquiries & FAQs**

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

[https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?form\\_1](https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?form_1)