

### **ST3 Anaesthetics Online Self-Assessment Portfolio Guidance**

At time of application you will have provided a self-assessment portfolio score.

You will be requested to upload evidence to the self-assessment portfolio portal to support your self-assessment score. The evidence will be verified by an experienced clinical assessor.

**Do not change your self-assessment score from the one you submitted on your application at any point in the process.** You are able to provide 'additional' evidence but you must justify in the title section (which has a limited word count) on the portal why your score should be changed, and the assessor will look at these comments.

The evidence upload window will be from Thursday 2<sup>nd</sup> September – Thursday 9<sup>th</sup> September 2021.

Details and instructions of how to upload your information will be confirmed by ANRO in due course. Please remember that information may come to you via the national recruitment office, oriel and the Royal College of Anaesthetists and please check your junk email as stated in the applicant guidance.

**When uploading your evidence to the online Self-Assessment portal please adhere to the following:**

You must provide all of the evidence to support the self-assessment score on your application. Please clearly label your evidence and place in the correct domain. Applicants will be given a global rating score for the portfolio by the clinical assessor. This will cover the aspects of organisation planning and quality of the evidence. Upload only the evidence that justifies the score.

Applicants will be marked down if evidence is difficult to find, not labelled and not clear to the assessor. Any evidence should be presented or translated into English including letters from supervisors.

If the title box in any domain is insufficient for you to justify your score please upload a document labelled 'Domain Score Explanation' in that domain with your explanation.

*Ensure the same name is used throughout your evidence. If you use 2 different names, make sure this is clearly explained i.e birthname, married name etc*

Applicants are advised that uploading more evidence than needed or evidence that does not count towards the actual score may result in the global rating score being marked down (Please see details of the global rating score on the [ANRO](#) website)

## General Advice

**The same piece of work used in more than 1 section** (unless guidance below specifically says so) e.g. a PG Certificate in education is credited in teaching but not in Postgraduate Medical Qualifications **will not be scored twice.**

**ALL candidates should upload a short CV in Domain 1 whether they have additional qualifications or not.**

**Please present your best and most recent evidence.**

### 1. Undergraduate Training Additional Degrees

ALL candidates should upload a short CV or Timeline of undergraduate and postgraduate training so assessor can clearly see whether the degree was prior to their medical degree. **YOU SHOULD PRESENT A SHORT TIMELINE OF YOUR MEDICAL DEGREE AND TRAINING TO DATE EVEN IF YOU DO NOT HAVE A PREVIOUS DEGREE**

As well as a timeline please include certificates of:

- Degrees relevant to medicine and/or anaesthesia including basic sciences, maths / statistics, social sciences, and **professions allied to healthcare** (this does not include language degrees or humanities)
- ANY intercalated degree should be counted if the candidate has been awarded a degree, which is additional to the award required to graduate from medical school as a Doctor. This includes intercalated degrees, which are offered to all students in the medical school cohort for particular universities. There are additional points offered for additional degrees prolonging the duration of medical degree studies. **Include both degree certificates.**

### 2. Undergraduate Training – Prizes and Awards

- Distinction for Primary Undergraduate Medical Degree: credit if degree certificate states ‘degree with distinction’. A distinction for the whole degree scores 2 points, a distinction for an aspect or component of the course scores 1 point.
- Evidence must be provided for prizes, merits, distinction for Undergraduate Medical Degrees
- Points for high performance in a Student Selected Component (SSC) can be counted. (1 point)

### 3. Postgraduate Medical Qualifications (excluding Anaesthesia, ICM and Education)

- Relevant Postgraduate Masters, Diploma, or Certificate should be awarded by a recognised Higher Education Institute with evidence of credits awarded. **(Please note, educational qualifications at PG Certificate level are given credit in the teaching section and should not be given additional credit in this section to avoid ‘double counting’.)**

- Points **cannot** be scored for ALS or certificates from short courses that are mandatory for employment
- A **diploma** in Tropical Medicine should score 3 points.
- FICE scores 2 points
- A **certificate or a diploma** in Mountain Medicine scores 2 points. *(these are the same thing)*.
- The Assessor needs to see the exam certificate / official letter of result to credit the marks.
- No points are awarded for certificates of merit for FY1 (i.e. postgraduate). Safeguarding etc. is mandatory in Trusts across the country and should not score points.

#### **4. Postgraduate clinical experience in other specialties (excluding Foundation Training, Anaesthesia, Adult ICM, Research and Teaching)**

**Cardiac ICU and neuro ICU are classified as adult ICU and do not score extra points.**

- Includes non-training posts in the UK and Overseas by time of appointment. (please note that a holiday in Australia for example with a few weeks' work / locums would not be counted)
- 'expected outcome' - A letter from the clinical/ educational supervisor outlining the core clinical learning outcomes and the time in post.
- If candidate does not have a letter from CS or ES they should demonstrate by a logbook or suitable WPBAS or an ESSR if done on Eportfolio/LLP and a reflection on the experience
- Complementary Specialties include Surgery, Medicine, Emergency Medicine, Neonatal ICU, Paediatric ICU, Paediatrics, Obstetrics, and Radiology.
- Please note that experience in adult ICM (including cardiac and neuro ICM) does not count in this domain.
- Military trainees should not be penalised for doing over 24 months experience and should be allowed to score the full 4 points from 19 months and up.

#### **5. Clinical Governance, Audit and Quality Improvement (not including activity during an additional degree course)**

- Quality Improvement projects can be credited here (in place of audit). Candidates should present either 1 audit per completed year of anaesthetic training i.e from CT1 onwards OR if they have a significant QI project that has extended the 2 or 3 years of Core Training with evidence of continuous improvement.
- Candidates who have completed an audit loop should be able to demonstrate involvement in initial audit and re-audit with evidence (e.g. the presentation slides showing the data). Would expect to see presentation with summary slide of key messages.
- Involvement in large Regional / National audit projects like NAP or NELA can be credited if candidate has written certificate / letter confirming significant involvement in their hospital /region as one of their projects.

- Audit and QI done in Non Training Posts can be credited
- For definitions of local/ regional/ National/ International meetings (see notes in section 9).
- Trainees may present a letter that appears on the ANRO guidance. This can be signed off by a TPD or equivalent to say that the trainee has presented an audit per completed year of training. The evidence of the audit needs to be present also. The timeline for training presented in Domain 1 will allow the assessor to look at whether the audit was completed in Core training or not.

#### **6. Research (excluding that completed during a PhD course or an undergraduate BSc scored in domain 1)**

- An MD or other higher degree: must be awarded to get full marks (i.e. completed, examined and results awarded).
- If an MD is a standard part of higher training, then it **cannot** be awarded points. e.g. an MD is standard in some overseas anaesthesia training programmes. Assessors can check this with the relevant academic institution
- A Post Graduate MSc in Sports and Exercise Medicine can count as a generic research project but not as a degree relevant to anaesthesia.

#### **7. Teaching**

- A 'major contribution' to a local, regional or national teaching programme including organising a programme refers to **a series of teaching events** (not just one lecture or 1 event) e.g. a whole day of multiple speakers that will be repeated, a series of weekly sessions etc. The designed sessions must have been actually delivered (not just planned for the future).
- Postgraduate Certificates, Diplomas or Masters in Education must have been completed by the time of interview, with evidence of credits awarded by Higher Education Institute.
- Designing an online/virtual teaching package scores 4 if substantial (e.g. multiple sections).
- 'FRCA national exam teaching' – this is a new online teaching course screened worldwide but non peer reviewed. Scores 1 point if 1-4 sessions delivered, 2 points for 5 or more sessions
- Informal teaching of medical students scores 1 (however many students were present).
- Formal teaching of medical students – ie organising a course for medical students through the university - is a local teaching programme (not regional) - scores 2
- Do not include presenting an audit project as teaching, nor presenting own research etc. at a meeting.

#### **8. Academic Publications as a Medical Postgraduate (to include book chapters) in the last 5 years.**

- Publications from previous postgraduate degrees do not count in this section
- Publication of a poster abstract (only) does not score here but marks can be awarded for poster presentations in Section 9 (Presentation and Poster presentations).

- Publications that involve audit / QI projects which have been awarded points in section 5 **can be awarded additional points** here if the work has been **published in a peer reviewed publication**
- Open access electronic full publications should count as peer reviewed publications if the journal undertakes a recognised peer review process. However, case reports in an electronic publication such as e-BMJ Case Reports should count for a total of one point only, even if multiple case reports have been published.
- Chapter(s) in commissioned books score 4 (first author) or 3 (Co-author). Publications in student journals (e.g. student BMJ) score 1.
- Candidate will need to show some evidence of the publication (e.g. photocopy/PDF of the title page, printout of a literature search showing the reference).
- Scores cannot be counted for being co-author on a publication of an enormous project like NAP where there is a long list of authors (unless candidate has a written certificate or letter confirming significant involvement in their hospital / region and they were involved in the actual write up).

#### **9. Presentations and Poster Presentations (see exclusions in guidance below)**

- Presentations relating to publications awarded marks in section 8 are **excluded**.
- Presentations as part of 'additional degree programmes' are **excluded**.
- Presentations of audit can be scored here, however **the same audit project cannot be used** to score in both this section and section 5.
- For Regional/National/International presentations. The candidate will need to show evidence of where the presentation occurred (not just the PowerPoint slides) e.g. printout of the meeting, programme which identifies the speaker, letter of acceptance, conference abstract etc. Or certificate of attendance which describes the presentation.
- For local presentations, PowerPoint slides are sufficient.
- If candidate has presented as an undergraduate, it can count but evidence must be provided (1 point whether poster or oral presentation)
- Presentations of original research, which lead to PhD/MD etc. may have already scored points in section 6. They should not be counted as presentations in this section. We are specifically looking at progression from FY1 to anaesthesia training
- Teaching presentations are excluded here (credit in section 7).
- 'I have presented at a regional, national or international meeting': it doesn't matter where the meeting was held - it's the body which counts as 'International' etc., so ESICM is an International body even if it was to hold a meeting in Birmingham. Similarly, a national meeting would be organised by a national body e.g. AAGBI, RCOA, ICS, ASME etc. 'Regional' implies a meeting of a regional organisation e.g. SASWR, NEICS (even if held in the hospital where the trainee was working at the time).
- Presentations as part of deanery teaching for regional trainees, teaching for foundation trainees or medical students are not counted in this section, but can be counted in Section 7 (Teaching).

- **Poster presentations at International/National meetings all score 3 points** (including a 5 minute oral presentation of a poster at AMEE, ESA, ESICM where all posters get this). To score additional points for an oral presentation which is harder to get accepted at meetings, trainees should provide evidence that they have presented in front of an audience of conference delegates as part of the conference programme. Please score the oral presentations as per the scoring matrix (Domain 9) but regional, national and international poster presentations should score 3 as stated above.

**10. Training courses attended (of at least 1-day duration and current at the time of interview and within the last 4 years, please see COVID derogations below)**

- BASICS stands for British Association for Immediate Care.
- ALS, ILS, ALS 2 (an advanced life support course run by the Australia Resuscitation Council), ALERT or any course required for foundation training **does not score points**.
- Any meeting or conference relevant to Anaesthesia or ICM credit here. Global rating score specifically eludes to the candidate showing progression in their own education.
- **Courses that are mandatory for appointment do not count.**
- Online courses can be counted if candidate can present relevant certificate and course information with detail of the time/commitment spent doing the course.
- Given the effects of COVID on in-person courses, educational webinars will also be accepted as evidence in the current recruitment round. To score 1 point, webinars (or multiple webinars combined) will need to last at least 7 CPD points. 2 points 14 CPD points etc.

**11. Activities Outside Medicine/Leadership (with evidence)**

This section can include activity current **at the time of entry into medical school** and any time thereafter.

- 1 point - Active membership should include more than simply being a member of e.g. a sporting team or orchestra. It should involve extra responsibility within the group.
- 1 point - Teams within hospital should not include e.g. simply leading a cardiac arrest team, but could include additional responsibility such as coordinating or influencing that service.
- 3 points – the candidate should provide evidence for organisation and leadership e.g. managing an expedition for D of E for groups of school children/ trainee representative on a national committee
- 5 points - the candidate should produce evidence for what constitutes exceptional commitment in this domain. This may involve confirming how long the commitment lasted for and the responsibilities of the role. (exceptional sporting or volunteering commitment can be scored here)

**COVID disruption derogations for this round only:**

- *Courses that candidate was booked on prior to Covid which was subsequently cancelled **cannot** be counted.*
- **Allow** an extension to course expiry dates eg ATLS - allow 12 months

- *Presentations that were accepted for meetings which were subsequently cancelled should not be counted as there have been multiple online opportunities set up since March 2020*
- *Postgraduate complementary specialty experience cancelled due to Covid (ie overseas jobs) **should not be counted** if it wasn't done*