Applicant and Assessor Guidance for ST4 Anaesthesia
Portfolio Self-Assessment Scoring Applicable for entry for February 2027

Applicants should use this document to guide the upload of all required evidence for ST4 portfolio self-assessment scoring. Assessors should use this document for correctly verifying the score of all relevant documents and evidence.

At the point of application, applicants enter a self-assessment portfolio score based on the ST4 self-assessment scoring matrix. Later, during the Document Upload window, applicants will be requested to upload their evidence to Qpercom to support the self-assessment score they awarded themselves. The evidence provided will be verified by an experienced clinical assessor.

The ST4 R3 Application window: Tuesday 28th July 2026 - Thursday 13th August 2026

The ST4 R3 Self- Assessment Document Upload window: Friday 14th August to Thursday 20th August 2026

The February 2027 recruitment timeline can be found on the ANRO (Anaesthetic National Recruitment Office) website here.

Domain Score Explanation

Applicants are strongly encouraged to submit a 1-2 page document named Domain Score Explanation (which may be the initial page of a single pdf) summarising the evidence provided in each Domain and justifying the score requested. This document will **not** be counted as a piece of evidence. Where applicants are unsure if evidence will justify a higher score, they may submit a second piece of evidence to justify a lower score – this should be explained in the Domain Score Explanation. The Domain Score Explanation should also be used to request a change in the score from the initial application. Each Domain Score Explanation should be pertinent to the Domain in which it is submitted. Domain Score Explanations must not be used to provide evidence – if necessary, a Letter of Evidence should be used.

Applicants may receive additional evidence after the initial application date, once the document upload window opens (e.g. communication accepting a paper for publication). Applicants must not change the self-assessment score from the initial score they submitted on their application at any point in the process. Applicants who request a change of score due to additional evidence secured between application submission and the document upload window closing must submit this evidence on Qpercom during the document upload window and justify in the Domain Score Explanation a specific reason for requesting the change. The assessor will look at the comments and assess the additional labelled evidence

Portfolio Organisation Score

Applicants will be given a score for the organisation of their portfolio. The Portfolio Organisation Score (previously known as Global Rating Score) guidance can be found **here.** The score is NOT a reflection of the overall quality of the content of the portfolio but is purely a score to assess organisation of the portfolio.

Once the document upload window has finished no further documents can be uploaded (this includes the review period).

Details and instructions on *how* to upload evidence will be confirmed by ANRO. Please remember that all information pertaining to an application will be communicated via ANRO through Oriel. Applicants must check junk email for any communications coming from Oriel as stated in the Applicant Guidance from ANRO (which also contains full details of the self-assessment process).

Evidence should be uploaded into Qpercom Full instructions on the Qpercom system can be found **here.** Note there is a size limit for individual documents and a total portfolio size limit. Only documents in PDF and JPEG format are allowed.

Applicants are strongly advised to review their portfolio on Qpercom after completing their uploads to ensure that all documents have been uploaded and are clearly visible.

No links to any external websites or external drives (e.g. Google drive) are allowed.

The Royal College of Anaesthetists are not responsible for the recruitment process; however, they will post updates on their webpage and via social media as they receive them from ANRO. Any queries regarding the recruitment process should go directly to ANRO (using the "Contact Us" button on the website).

The self-assessment score may be used for shortlisting and then contributes approximately one third of the total overall score. The interview counts for approximately two thirds. Refer to the Applicant Guide for more details.

Applicants must adhere to the following when uploading evidence to the Qpercom:

- Provide ALL appropriate evidence to support your self-assessment score on your application.
- Clearly label your evidence and place it in the correct domain.
- Only upload evidence that justifies the score and give the most recent and relevant evidence.
- Applicants will be marked down in the portfolio organisation score if the evidence is difficult to find, not labelled and not clear to the assessor.
- Any evidence presented should be translated into English, including letters from supervisors.
- **Candidates should ideally ensure the same name is used throughout the evidence. If you use 2 different names, make sure this is clearly explained i.e. birthname, married name etc.**
- Evidence without an applicant's name (e.g. certificate, prize) MUST be supported by a Letter of Evidence

- Applicants are advised that uploading more evidence than is needed or evidence that does not count towards the actual score may result in the portfolio organisation score being marked down. Using the same piece of evidence multiple times may similarly be marked down.
- Do not submit evidence for events occurring after the document upload window (however, a letter of acceptance for a publication will score points in Domain 7, even if not yet published).

General Advice

The same piece of work cannot be scored in more than 1 domain (unless stated by the guidance set out below) e.g., a Postgraduate Certificate in Education – will be credited in teaching but not in Postgraduate Medical Qualifications.

ALL applicants must upload a timeline (this may be part of a short CV) of training to date in Domain 1, whether they have additional qualifications or not. A short CV is a maximum of 3-4 pages, outlining undergraduate and postgraduate education to date and a brief employment history. This is essential for assessors to be able to determine the years in training when scoring QI domains.

The maximum number of uploads per domain is **4 pieces** of evidence. Ideally put **all** pieces of evidence into **a single PDF** (NOTE – this does **not** count as a single piece of evidence (e.g. one pdf containing evidence for two QIPs in Domain 4 counts as two pieces of evidence). The only exclusion to this is Domain 3, where applicants may provide one piece of evidence per post. Each piece of evidence may contain up to three components (e.g. in Domain 4, an applicant may include a powerpoint presentation, a document supporting recommendations for change and a Letter of Support from a College Tutor as a single piece of evidence).

A letter of support should **be signed by a consultant or another qualified supervisor. Resident doctors should not be used to sign documents** except for TRN research projects which can be signed by the resident doctor lead. Written or electronic signatures are permitted (or an accompanying email from the person supplying the Letter).

Only formal evidence should be uploaded. Evidence from social media e.g. chat groups are not permitted but appropriate emails are allowed

Applicants are recommended to present their best and most recent evidence.

Applicants who present more than 4 documents will have their portfolio organisation score reduced by 1 point per domain (excluding Domain 3).

Applicants and assessors should keep a copy of the self-assessment scoring matrix, the self-assessment guidance, and the portfolio organisation score guidance open or printed for continuous reference when uploading or assessing evidence.

As it is impossible to write the criteria/guidance to "fit" all the evidence which an applicant may supply, it may be that an assessor will award points but reduce this from the applicant score; this will be explained by the assessor.

Examples of how a Domain may be scored will be given throughout this guidance document.

Assessors can discuss scoring with their designated buddy marker, members of their panel or the self assessment leads. Any alterations in scoring should be clearly documented and state the reason for scoring adjustments and whether they have sought advice and by whom in their comments. If applicants have provided evidence and the assessor is unsure of the quality or awarding organisation, the assessor should perform an internet search of the degree/course/conference of the designated organisation to aid them in their assessment. **If a score is altered with no reason given, this should be highlighted by applicants through the review process**.

Following the initial self-assessment, applicants will be informed of their verified score (which will include the Portfolio Organisation Score (POS)). Applicants will then have an opportunity to request a review of specific Domain scores and/or the POS – this review is the final permitted review, and there is no further recourse for dissatisfied applicants after this (see ANRO's Applicant Guide).

Applicants should go to their Educational Supervisor, College Tutor, or Training Programme Director for advice if they are unsure of how to score their portfolio. **Applicants should not contact the RCoA or ANRO for advice on how to score specific domains.**

Applicants should follow the national process as outlined in the applicant guidance on the ANRO website.

Regional/National/International is defined by the <u>organising body</u> - throughout this guidance, the following definitions are used:

- Regional - usually held within a single LETB or Deanery (or within a distinct region outwith the UK) e.g. West of Scotland Obstetric Anaesthetists.
- National - usually held in different parts of the UK, or anywhere within a single country (e.g. AAGBI courses, RCoA courses, OAA, Doctors Updates). Meetings held out with a region of the devolved nations are also considered National (e.g. Northern Ireland Regional Anaesthesia Society, Society of Anaesthetists of Wales, Scottish Intensive Care Society)
- International - held in a different country on each occasion (e.g. ESRA, World Congress of Anesthesiologists) - still considered international, even if it was held in the UK.
- The same criteria apply if a course/conference was attended online i.e. it depends whether the organising body is regional/national/international (e.g. online attendance at an RCoA course still counts as "national", a curriculum update day by a School of Anaesthesia would be "regional").

- Applicants should provide evidence to demonstrate an organising body for smaller organisations is national/international – a certificate stating "national/international" does not indicate evidence.
- Please note that attendees from out with a region/country does not mean that a conference is national/international.

Royal College of Anaesthetists

NHS England

Specific Domain Guidance

Domain 1 - Postgraduate Additional Degrees and Qualifications

I have no additional degrees or qualifications.	**0**
I have • a postgraduate certificate in a relevant field (excluding education/teaching). • **OR** a part 1 of a postgraduate exam e.g. MRCP/MRCEMetc.	**2**
I have: • a postgraduate diploma in a relevant field (excluding education/teaching). • **OR** MRCP part 1 **and** 2 written • **OR 2 parts of any postgraduate exam**	**3**
I have: • an additional full postgraduate medical qualification e.g. MRCP/MRCEM etc. • **OR** a **postgraduate** masters/MSc in a relevant field (excluding education/teaching/leadership).	**4**
I have: • an MD (Res) completed following my undergraduate medicine degree • **OR** a PhD in a subject not relevant to medicine completed following my undergraduate medicine degree • OR a PhD in a subject relevant to medicine completed before or during my undergraduate medicine degree • **OR the Full FRCEM, FRCS or MRCPCH**	**5**
I have a PhD in a subject related to medicine completed following my undergraduate medicine degree	**6**

ALL applicants should upload a short CV (including timeline) or timeline of their postgraduate training; this allows assessors to clarify the timing of evidence in relation to Stage 1 anaesthetic training (or equivalent).

ALL time in training and non-training posts must be included and any gaps accounted for. Assessors do not have access to your Oriel application. Any gap more than 3 weeks must be accounted for. Applicants will not be penalised for gaps. A brief statement for the reason should be made e.g. travelling, sickness etc

Applicants who have not uploaded a timeline/CV will be marked down by 1 point in the Portfolio Organisation Score (POS) if this is not present.

- No points awarded for any degree completed prior to completion of primary medical degree.
- No points awarded for Masters Degrees occurring **at any time prior or during** medical school undergraduate training.
- A Masters Degree undertaken as part of **standard** anaesthetic training does not score any points (i.e. all Residents in a School (or equivalent) undertake the Masters as part of their anaesthetic training
- Applicants submitting evidence of a Masters/MD undertaken during core anaesthetic training (or equivalent) must be able to demonstrate that the

theoretical components go beyond the scope of the Primary FRCA or equivalent.

- Postgraduate exams for other specialties **EXCEPT** anaesthesia and ICM, to the equivalent of MRCP, MRCEM, FRCS will be counted, including those that may have only some parts of the exam. Part 1 MRCS, MRCP, MRCEM Primary is 2 points. Doctors with two parts of MRCEM/MRCP score 3 points. Doctors achieving a full postgraduate exam should score 4 points e.g. Full MRCP with PACES, full MRCEM.
- DRCOG scores 2 points.
- The written component of the Final FRCA or complete FRCA does not score points (or the equivalent from another country).
- Exams related to anaesthesia or ICM **do not** score points (e.g. EDAIC).
- Relevant Postgraduate Masters, Diploma, or Certificate should be awarded by a recognised Higher Education Institute with evidence of credits awarded. The applicant should give a summary of the content of the course, the time taken to complete the course (certificates tend to take up to a year part time; diplomas two years) and how it has been assessed. All certificates should be uploaded. Courses that have been started but not completed do **NOT** count.

(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'.)

- A **diploma** in Tropical Medicine should score 2 points. 3 points may be given here if there is demonstration that the diploma involved a commitment of greater than one year (most Tropical Medicine Diplomas are 3 months).
- A **certificate or a diploma** in Mountain Medicine scores 3 points *(these are the same thing).* This certificate/diploma requires a time commitment of greater than 1 year and therefore scores 3 points.
- Accreditation in echocardiography can be scored here: a FICE/FUSIC equivalent scores 2 points. A certificate or letter of accreditation should be provided as evidence and will state they are able to perform a focused echo exam and attended the relevant courses to support this. An applicant cannot score points for attending only the echo course as part of this accreditation in this section BUT they could count the CPD from the course in Domain 9.
- Any applicant that is able to demonstrate British Society of Echo accreditation or equivalent (American, European) should score **3 points**. This is at least a 2-year commitment with a postgraduate examination and 110 examined echo reports with case studies. The evidence should include the accreditation certificate or official letter from the awarding organisation.
- An MD undertaken as part of **standard** anaesthetic training does not score any points (i.e. all Residents in a School (or equivalent) undertake the MD as part of their initial anaesthetic training). To be awarded 5 points, the undertaken MD should have taken **at least 2 years full time (or four years part time)** and required a thesis of 50-100K words, which was either original research or a body of research work.
- Points for an MD/PhD will only be given if it has been completed and the certificate is uploaded to evidence.

- Leadership qualifications do not score points in Domain 1 but may be credited in domain 10.

An example of point scoring in this domain would be:
4 points – Document Explanation Score, Timeline/CV and evidence of passing the full MRCP.

Domain 2 - Additional Postgraduate Achievements, Prizes and Awards relative to medicine

I have no additional awards.	**0**
I have a postgraduate prize or award from my hospital or Trust prior to starting anaesthetic training e.g. certificate of merit.	**1**
I have a prize or an award from my hospital or Trust since commencing anaesthetic training or equivalent e.g. Greatix award or learning from excellence award.	**2**
I have a prize awarded at post graduate level awarded by a regional medical organisation.	**3**
I have a prize awarded at postgraduate level by a national or international medical organisation. This includes prizes in the Primary FRCA.	**4**

- Awards and Prizes in the Undergraduate period **DO NOT COUNT**.
- Prizes in Foundation Training score 1 point. Evidence of the award must be uploaded.
- Local Awards in Stage 1 or core training include awards from the applicant's local department or hospital. These include Greatix awards, learning from excellence awards, or letters of commendation. If it is your Trust's policy to only send an email report of excellence, then ask your Educational Supervisor or College Tutor to confirm this in a letter which you can upload. Do not include any emails. The certificate or letter from the supervisor confirming the award must be uploaded. **DO NOT INCLUDE ANY PATIENT IDENTIFIERS.**
- An email or letter from a colleague stating an applicant handled a case well is not considered a local award.
- Points awarded for prizes for regional, national, or international medical organisations should be checked online by the assessor for validity e.g. The Royal Society of Medicine Hugh Wallace essay prize can easily be found on the internet for the relevant medical society (candidates should provide a website address where such awards can be validated).
- **Points are given for 1st or 2nd prize** i.e. a prize at a regional meeting scores 3 points and a prize at a National meeting scores 4 points
- 3rd prize and lower placed prizes score 2 points from Regional and National Organisations.
- Evidence must be provided for postgraduate awards.
- 4 points are awarded if you have received a Letter of Commendation or the Nuffield Prize for the Primary FRCA. No points are awarded for achieving a level of distinction in an individual component of the Primary (e.g. the SOE).
- A prize awarded for a presentation used as evidence in Domain 8 **is** acceptable.
- Letters of appreciation/thanks from patients DO NOT score points in this Domain.
- If the prize has been awarded to a team which the applicant has been part of then the role of the applicant must be clearly explained.

- Funding Awards for scholarships for degrees do not count

An example of point scoring in this domain would be:

A Resident Doctor has been sent a 'Learning From Excellence award' by an EM Consultant for excellent team working and clinical care for managing several critically ill patients in the Emergency Department. The certificate has been uploaded. This would score 2 points.

A resident doctor awarded a prize at a regional training meeting would score 3 points; award of a prize at a national meeting (e.g., the RCoA College Tutor meeting) would score 4 points.

Domain 3 - Postgraduate clinical experience in other specialities (excluding foundation programmes, Anaesthesia, research and teaching); up to 1 year adult ICM can be included

No experience in a complementary specialty by time of appointment.	**0**
At least 5 months experience in complementary specialties by time of appointment, without evidence of achievement of all expected outcomes, anywhere in the world.	**1**
5 to 12 months experience in an appropriate/relevant complementary specialty by the time of appointment, with evidence of achievement of all expected outcomes, anywhere in the world. This includes 6 months acute medicine and 6 months emergency medicine during ACCS training. **OR** more than 12 months experience without evidence of expected outcomes in complimentary specialities.	**2**
More than 36 months in complementary specialties by time of appointment, with evidence of achievement of all expected outcomes, anywhere in the world.	**3**
13 to 24 months experience in an appropriate/relevant complementary specialty by the time of appointment, with evidence of achievement of all expected outcomes, anywhere in the world.	**3**
25 to 36 months experience in an appropriate/relevant complementary specialty by the time of appointment, with evidence of achievement of all expected outcomes, anywhere in the world.	**4**

This section does not include Foundation training during F1 or F2 years, anaesthesia experience, research experience or teaching fellow experience (however, an applicant undertaking a post with clinical experience may be able to count this (e.g. a one year clinical teaching fellow with 50:50 clinical time will count as 6 months clinical). The following will apply for scoring:

- Applicants **must** evidence all posts shown in the timeline/CV – all post-foundation clinical experience will be used to assess this Domain. If applicants are unable to provide evidence for all posts undertaken, this will limit the score to 1 or 2 points (depending on total length of clinical experience).
- Applicants will be allowed to count up to 12 months in adult ICU as complementary specialty training (**excluding** ICU training gained during ACCS or Stage 1 anaesthetic training). Adult ICU includes neuro and cardiac ICU as well as work in Post-Anaesthetic Care Units. **No more** than 12 months can be counted. Applicants who have worked in combined anaesthetic and ICM posts must give evidence of the proportion of time spent in ICM (Anaesthetics posts do not count).
- Applicants may count all time spent in Paediatric ICU in this domain (PICU would be counted as paediatric experience and outside of the total time in ICM above).
- Includes all non-training posts in the UK or Overseas by time of appointment to ST4 (includes posts entitled F3/F4, which are post-foundation). Applicants including posts between application and appointment **must** provide a Letter of Evidence stating applicant is demonstrating progress towards achieving learning outcomes.
- A holiday abroad with a few weeks work/locums would **not** be counted.

- A prolonged period of locum work (3 months or more) where the Doctor has demonstrated learning outcomes such as SLEs and feedback from their supervisor with a supporting letter can score 1 point, where the total clinical experience exceeds 5 months.
- Evidence of placement could include: a letter from the clinical/educational supervisor outlining the core clinical learning outcomes and time spent in post or demonstration of a logbook or suitable SLEs or an ESSR if done on E-portfolio/LLP and a reflection on their experience. A letter of contract and/or a logbook are **not** sufficient evidence.
- More than 12 months experience without evidence of expected outcomes scores 2 points. The appointment letters or other confirmation of the posts must be presented.
- If an applicant has more than 36 months experience, they can gain either 2 points if there are no expected outcomes or 3 points if they show evidence of expected outcomes. Assessors will check their CV/timeline to confirm this.
- Applicants with more than 12 months experience without evidence of achievement of all expected outcomes in every post will score 2 points.
- An ARCP with Outcome 1 is adequate evidence to demonstrate achievement of all educational outcomes (no further evidence required for that post).
- **All specialties** have added value to anaesthesia training, given the depth and breadth of the anaesthetic/perioperative medicine curriculum from ST4 onwards. **All** secondary care specialties and GP should be awarded points.
- To obtain 4 points, the applicant should show that they have **more than 24 months and up to 36 months' experience, with achievement of all expected outcomes in every post.**
- Military applicants should not be penalised for having over 24 months experience and should be allowed to score the full 4 points from 19 months and up given their mandatory career path.
- The assessor should refer to the applicant's CV and timeline to confirm the time spent in each post.
- Applicants who are/were LTFT during any post should make this clear so that the appropriate time can be counted. All post lengths will be calculated pro rata.
- Evidence of achieving some educational outcomes at the time of application for ongoing posts should be provided. For posts that have yet to be commenced at the time of application only the time component will count.

Examples of expected outcomes are as follows:

Training posts

A screenshot of your ARCP outcome (your name and the date must be included).

A letter from your supervisor confirming that you have made satisfactory progress during your placement.

A copy of your ESSR with comments from your supervisor.

Non-Training posts

A copy of your appraisal- (the final comments from your appraiser will suffice, as long as they indicate educational outcomes have been achieved - you do not need to upload the whole appraisal document).

A letter from your supervisor detailing your progress/ achievements in both clinical and non-clinical work.

- Applicants **may** submit more than 4 pieces of evidence in this Domain, to support each clinical post.
- **All clinical experience must be documented in the CV/timeline and gaps must be accounted for.**

An example of point scoring in this domain would be:

Example 1 *- an applicant has completed a Core surgical training programme and uploads their completion of Core surgical training certificate plus ARCP outcome forms from 24 months in programme - this would score 3 points.*

Example 2 *- an applicant has completed 12 months in a non-training post in Melbourne Australia. They have uploaded a letter of appointment, a clinical supervisor report from the 12 months and a logbook/ portfolio of WPBAs of their experience in ED – this would score 2 points.*

Domain 4 - Postgraduate Quality Improvement Projects (QuIP); can include audit as a tool to demonstrate quality improvement in this section and trainee research network projects

I have not participated in any quality improvement learning events or projects.	**0**
I have: • Taken part in other people's postgraduate (non-anaesthetic) audits. • **OR** taken part in QuIP since starting anaesthetic training (i.e. data collection or made other minor contributions, but not led or designed the project). • **OR** completed bronze level QuIP or equivalent.	**1**
I have made a significant contribution to audit projects or quality improvement work as a postgraduate. This includes co-designing or joint leading a quality improvement or audit project and making recommendations for changes to practice based on audit findings **OR** closing the audit loop.	**2**
I have made a significant contribution to quality improvement work since commencing my **core or stage 1 anaesthetic training OR** equivalent. This includes co-designing or joint leading a quality improvement or audit project at my hospital and making recommendations for changes to practice based on findings **OR** closing the audit loop.	**3**
I have: • Been the LEAD for one audit/QuIP since commencing my anaesthetic training. This includes making recommendations to change /practice based on findings **OR** closing the audit loop. • **OR** led a regional TRN QuIP/ audit project.	**4**
I have: • been the LEAD **for more than one** audit/QuIP since commencing my anaesthetics training. This includes designing, leading and managing QuIP and implementing changes to practice based on audit findings **AND** closing the audit loops. • **OR** I have led a national TRN QuIP / audit project.	**5**

The highest points are awarded to applicants who have designed, led, collected data, and implemented changes to practice AND then reaudited their project themselves, thereby closing the audit loop.

The audit/QIP **must** have been presented locally**. To gain points, the PowerPoint or similar must be uploaded.**

Presentations of audit/QIP at local, regional or national meetings do NOT score additional points in this section but may be given points in Domain 8 if presented as a poster.

Applicants should demonstrate work that is the most recent and their best piece of evidence. Applicants should try and avoid using projects that are over 5 (calendar) years old (7 calendar years for LTFT). If these are the **only** projects, they can be scored in the same way for all applicants, but assessors should reduce the portfolio assessment score by 1 point.

Candidates should present a list of all QI/audit work undertaken as a postgraduate, but present only **one or two** projects which will score the highest points.

- Completing an audit loop; applicants should 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 applicant has written certificate/letter confirming significant involvement in their hospital/region as **one** of their projects.
- Audit and QI done in non-training posts is credited in the same way.
- Applicants can present a letter of evidence (template is available in the ANRO guidance). This can be signed off by a College Tutor or equivalent to confirm the contribution the Resident Doctor has made to audit/QuIP. **Evidence must also include the PowerPoint presentation** (as above**)**.
- The timeline for training presented in Domain 1 will allow the assessor to look at whether the audit was completed in Core or stage 1 training or not. Please refer back to this. **The timeline/CV only needs to be uploaded in Domain 1.**
- The applicant should make their contribution to QI/Audit clear; this is best provided with an accompanying Letter of Evidence (this is particularly important where more than one person has participated in a project).
- Undergraduate projects do NOT score any points.
- Applicants who have been the lead for audits/QuIP gain more points and information must be given to show how they qualify as the lead.
  A letter from a supervisor would be particularly helpful.
- For 5 points there should be 2 different projects and **BOTH** must show how the recommendations to practice have been implemented.

An example of point scoring in this domain:

For 3 points *they should be the* ***co-leader*** *of the audit and must give evidence of their recommendations for change in practice or for closing the audit loop. Assessors should check the timeline to ensure that the projects have been done since starting Stage 1 training or equivalent. Evidence that the project has been presented should be uploaded.*

An example of 4 points is *a resident doctor who identified a need to start an audit/QuIP. They then led the project, made recommendations to change practice OR closed the audit loop.*

OR

*An applicant can gain 4 points if they have **led** a regional training QI or audit project.*

In addition to details of the QI they should upload a letter from their supervisor outlining their involvement in the project.

***An example of presenting evidence for 5 points is** a letter from a College Tutor or supervisor confirming that **more than one audit QI/Audit has been done since starting anaesthetic training** and confirming the applicant has designed and led the audit projects themselves, presented them locally and then **implemented changes to practice. Both need to have** clear evidence of **how** the applicant has implemented the changes and then evidence of the reaudits must be provided (it would be expected that most of this information would be available in a departmental presentation).*

The applicant should show evidence of their audit designs, a summary of the results and recommendations to change in practice AND evidence that these have been implemented by reauditing. PDFs or PowerPoints should be uploaded.
For each audit there can be a maximum of 3 subunits presented e.g. a letter from a supervisor, the PowerPoint presentation of the original audit plus the reaudit counts as 3 subunits.

OR

***5 points** can be awarded if an applicant has **LED** a national training QI/audit project.*

Evidence must clearly show their role in the project with presentation of the results and recommendations to change in practice. This is best evidenced by a letter from a supervisor outlining their involvement.

Domain 5 - Research (excluding that completed during a PhD course)

I have not been involved in research.	**0**
I have assisted with data collection for ongoing studies.	**1**
I have been involved with recruitment of participants to research projects (including TRN and NIHR CRN Portfolio studies).	**2**
I have: • **completed** an NIHR associate principal investigator scheme. • **OR** had personal and direct involvement (as a co-investigator) leading, planning or running a postgraduate research project prior to anaesthetic training.	**3**
I have: • had personal and direct involvement (as a co-investigator) leading planning **OR** running a postgraduate research project since starting anaesthetic training. • **OR** led a regional TRN research project (this cannot be the same project as Domain 4). • **OR** been the principal investigator of a funded study or co-applicant on a successful grant application.	**4**
I have: • led a national TRN research project (this cannot be the same project as Domain 4) as a postgraduate. • **OR** been the chief investigator of a funded study or lead applicant on a successful grant application as a postgraduate.	**5**

This excludes research from a PhD course or MD (these are scored in Domain 1), UNLESS this has not been scored in Domain 1.

This Domain excludes involvement in **National Audit/QI Projects**; these are scored in Domain 4.

The maximum points scored in this section are to those doctors who have demonstrated a significant commitment to research during their anaesthetic training or after completing Stage 1/Core training.

A description of the research completed and the role of the applicant in the research must be provided. This should be confirmed by a supervisor. It is not sufficient to just add a paper publication.

- A Post Graduate MSc in Sports and Exercise Medicine can count as a generic research project but **not** as a degree relevant to anaesthesia.
- Resident Doctors providing evidence they are an associate PI for an NIHR project may score 3 points. Evidence should be provided of their involvement in the role i.e. they should not just have been appointed. Evidence of outcomes should be provided.
- A letter from a clinical research supervisor in an academic or training department outlining the depth of involvement in research is a good way to demonstrate research involvement.
- A letter acknowledging PI/CI/associate PI status or joint grant holder.

- Demonstration of research contributing to an MD that has not been scored in Domain 1 may be scored here.
- Research publications are scored separately.
- **Involvement in large national audit projects** e.g. NAP, NELA do not count in this section but may be given points in Domain 4.
- Research related to postgraduate medical education is excluded in this domain, but the applicant may be able score additional points in domain 7 if their work has been published.
- **Local lead for national research projects (e.g. PREdS) scores 3 points.**
- Research may include clinical studies and case note reviews; "research is designed and conducted to generate new knowledge".

An example of point scoring in this domain:

A Resident Doctor's training timeline shows they have been in a clinical fellow research post for the last 12 months. They have uploaded a letter from their clinical/academic supervisor stating they have developed their own original research project that has gone through R+D/ethics scrutiny, collected the data and performed the write up as well as recruit to a NIHR portfolio study with a list of the skills they have developed. This would score 4 points.

Domain 6- Teaching

I have not contributed to formal teaching.	**0**
I have: • some experience in formal teaching for health professionals. • **OR** some experience of formal teaching health-related topics to a non-medical audience. • **OR** attended a Teach the Teachers course, Generic Instructors Course or similar.	**1**
I have: • made a major contribution to a local teaching programme including developing/organising a programme. • **OR** instructed on an ALS /ATLS course, or similar. • **OR** organised a one-day teaching programme and delivered a topic(s) on it. • **OR** I have a leadership position in education e.g. teaching fellow.	**2**
I have obtained a postgraduate certificate in education/teaching.	**3**
I have made a major contribution to a regional or national teaching programme including developing/organising a programme as a postgraduate.	**4**
I have: • made a major contribution to a regional or national teaching programme including developing/organising a programme during my anaesthetic training. • **OR** obtained a postgraduate diploma in education/teaching.	**5**
I have undertaken a major dissertation and been awarded a Masters in medical/clinical education.	**6**

- To gain points in this Domain, applicants must demonstrate participation in teaching; organising a course (e.g. consultant-led teaching) but not participating in the teaching should be scored in Domain 10.
- 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 one event) e.g. a whole day of multiple speakers repeated across the year **OR** a series of weekly sessions etc. The designed sessions must be delivered (not just planned for the future).
- To gain 4 points, the teaching event must be at least a half day event (i.e. 3 hours or more) **that has been repeated**, and the attendees must be from a region or nation. A minimum of 2 teaching events that the applicant has personally been involved in will score points.
- It will aid the assessment panel in determining the length of the teaching if a programme is included.
- Shorter teaching programmes that have been repeated will score a maximum of 2 points. Applicants should put in examples of the programmes.
- Teaching as an Instructor Potential e.g. for ATLS or similar will score 2 points provided at least one course has been taught on
- Postgraduate Certificates, Diplomas or Masters in Education must be completed by submission of self-assessment, with evidence of credits awarded by Higher Education Institute. **This should not have been scored in Domain 1. If these have been finished and you have had**

confirmation that you have achieved the award but don't yet have the certificate, then a letter from a supervisor confirming this will be acceptable evidence.

- PGCertificates, Diplomas etc apply to qualifications obtained following undergraduate medical training. **Teaching qualifications obtained prior to or during undergraduate medicine gain 1 point except if done during an intercalated degree. Teaching as part of an intercalated degree does not count.**
- Designing an online/virtual teaching package scores 4 points if substantial (e.g. multiple sections) and available regionally/nationally.
- 'FRCA national exam teaching' – this is an online teaching course screened worldwide but non peer reviewed. Scores 1 point if 1-4 sessions delivered, 2 points for 5 or more sessions. The same applies to a number of online lectures delivered as part of an online platform.
- Informal teaching of medical students scores 1 point, regardless of the number of students present (evidence MUST be submitted e.g. PowerPoint presentation, feedback).
- Formal teaching of medical students – i.e. organising a course for medical students through the University – is a local teaching programme (not regional) - scores 2 points.
- Formal teaching for patients in the applicant's hospital (e.g. "Joint School") scores a maximum of 2 points.
- To gain additional points for Regional or National teaching programmes the applicant must include further details to justify the score. Please supply a letter from your supervisor stating that attendees were from outside your Trust or give evidence of how this qualifies as Regional/National.
- Presenting an audit project is not scored in this section nor presenting own research etc. at a meeting.
- A one-day study day organised by the Resident Doctor can score **2 points with evidence they delivered a topic in it.**
- Attendance at a "Teach the Teachers" course/Generic Instructors Course can count in either domain 6 or domain 9 but not both.
- 2 points will be given for leadership positions in education e.g. teaching fellow or similar. A summary of the role and the impact you have had in improving education should be given. Evidence could be teaching activities that you have organised, feedback or a letter from a supervisor confirming your role.

Domain 7 - Academic Publications

I have not published anything.	**0**
I am a co-author of (PubMed listed OR peer reviewed): • one or more case reports • one or more clinical / scientific abstracts • one or more letters • one or more editorials	**1**
I am first author of (PubMed listed OR peer reviewed): • one or more case reports • one or more clinical / scientific abstracts • one or more letters • one or more editorials	**2**
I am a co-author of (PubMed listed OR peer reviewed): • one or more pieces of original research • one or more narrative reviews	**3**
I am first author of (PubMed listed OR peer reviewed): • one piece of original research • one or more narrative reviews	**4**
I am first author of (PubMed listed OR Peer reviewed) more than one piece of original research.	**5**

Publications should be peer reviewed. **Given feedback on the self-assessment we have removed the time limit of 5 years as it was deemed not relevant. Please score all publications. All publications must be uploaded to be scored. In the case of long publications, applicants should indicate which page the assessor needs to look at for the relevant information in the Domain Score Explanation. Do not include the link as this will not be able to be opened by the assessor.**

- Publication of a poster abstract following presentation at a meeting does not score here. Marks should be awarded for poster presentations in Domain 9 (Presentation and Poster presentations).
- Publications that involve audit / QI projects or research which have been awarded points in Domain 4/5 **can be awarded additional points** here if the work is PubMed listed or peer reviewed.
- To check if an article is PubMed listed go to: https://pubmed.ncbi.nlm.nih.gov/ and then search for either the title of the publication or the author's name.
- **If an article is NOT PubMed listed, applicants must provide additional evidence demonstrating the publication is peer-reviewed (this evidence with the article counts as a SINGLE piece of evidence)**; failure to provide this evidence will result in a score of 0.
- Open access electronic full publications can count if they are PubMed listed or peer reviewed.

- Case reports in an electronic publication such as e-BMJ Case Reports should count for a total of 1 point only, even if multiple case reports have been published.
- Chapter(s) in commissioned books score 4 (first author) or 3 (co-author); Author of a non-commissioned book chapter score 2 points. Evidence must be provided that a book is commissioned.
- Authorship of a systematic review scores similar points to narrative reviews.
- Publications in student journals (e.g., student BMJ) score 1 point.
- Applicants need to show evidence of the publication (e.g., photocopy/PDF of the title page, printout of a literature search showing the reference, or a link so that assessor can upload the relevant journal article).
- Written work as part of a PG Certificate of Education (or similar) does not gain additional points in this section unless this has led to a peer-reviewed publication.
- Publications in a peer-reviewed journal of work undertaken at an undergraduate level (e.g. intercalated degree) may score 1 point.
- A letter of acceptance of publication will score points, even if not yet published (this MUST be the final publication, not a draft).
- Surveys that are substantial that have been published may count provided that they are in peer reviewed journals or are PubMed-listed. Small WhatsApp surveys do not count.
- Publication of an article in the Royal College of Anaesthetists 'Bulletin' or AAGBI newsletter counts as a peer reviewed article
- Publication of original research in a letter scores maximum two points
- All publications **must** be relevant to medicine.

Scores cannot be counted for being a co-author of participating site publications of projects such as NAP, NELA where there is a long list of authors (**unless applicant has a written certificate or letter confirming significant involvement in their hospital/region and they were involved in the actual write up**). Score 2 with this evidence. Involvement in data collection for large multicentre projects is scored in Domain 5.

Domain 8 – Presentations and Poster Presentations (see exclusions in applicant guideline)

I have given no presentations nor presented any posters.	**0**
I have given one local/departmental presentation at any time during postgraduate training.	**1**
I have: • given more than one local/departmental presentation at any time during postgraduate training. • **OR** given one local/departmental since commencing anaesthetic training.	**2**
I have given more than one local/departmental presentation since commencing anaesthetic training.	**3**
I have • given **a poster** presentation at a regional, national or international meeting at any time during postgraduate training. • **OR** an oral presentation prior to anaesthetic training at a regional, national or international meeting. • **OR** an oral presentation at a regional meeting since starting anaesthetic training.	**4**
I have given an oral presentation at a national or international meeting since commencing anaesthetic training.	**5**
I have given an oral presentation at more than one national or international meeting since commencing anaesthetic training.	**6**

- Applicants **must** upload a copy of the poster and/or PowerPoint presentation to score points in this Domain. First authors and co-authors of the poster gain points. If a PowerPoint is not available, then a verified transcript of the presentation must be given. The date of the presentation should be included in the evidence.

- Presentations relating to publications awarded marks in Domain 7 are **excluded.**
- Presentations as part of 'additional degree programmes' are **excluded.**
- Regional or National Poster or Oral Presentations of audit/QI may be scored here.
- **Local** presentations of the **same** audit/QuIP project do **not** gain points if they have been given points in domain 4.
- For Regional/National/International presentations, the applicant will need to show evidence of where the presentation occurred (not just the PowerPoint slides) e.g., printout of the meeting, programme which identifies them as the speaker, letter of acceptance, conference or abstract etc, **OR** a certificate of attendance which describes the presentation. Evidence must clearly demonstrate how this qualifies as a Regional/National/International presentation. **For this Domain, all pieces of evidence related to a single presentation will count as one piece of evidence (e.g. poster and course programme).**
- For local presentations, PowerPoint slides are sufficient in PDF format.
- Undergraduate presentations do not score any points in this section.

- Presentations of original research, which lead to PhD/MD etc. may have already scored points in Domain 1. They should **not** be counted as presentations in this section. We are specifically looking at presentations during postgraduate training from FY1 to current level.
- **Teaching presentations are excluded here** (credit in Domain 6).
- 'I have presented at a regional, national or international meeting': it does not matter where the meeting was held - it is the organising body which counts as 'International' etc., so ESICM is an international body even if it were 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 Resident Doctor was working at the time) or a Deanery wide level.
- Presentations as part of deanery *teaching* for regional Resident Doctors, teaching for FY1/FY2s or medical students are **not** counted in this section but can be counted in Domain 6 (Teaching).
- **ALL poster presentations at regional, national or international meetings score 4 points** (including a 5-minute oral presentation of a poster to the organising faculty at a national/international meeting e.g., OAA, AMEE, ESA, ESICM etc. where all posters are presented in this way). A copy of the poster must be included.
- **Evidence should be provided that the applicant presented the poster themselves (e.g. attendance certificate at the meeting)**
- To score additional points for oral presentations, which suggests they were the top abstracts submitted, or they were an invited speaker, applicants should **provide evidence they have presented in front of an audience of conference delegates** (includes virtual conferences) as part of the conference programme. A copy of the presentation and the programme identifying them as a presenter or certificate indication presentation must be included.
- All posters and oral presentations must have been **given by the time of document upload** (not just accepted).
- An oral case presentation at a national online meeting e.g. "ACCS Case Chronicles" scores 5 points

Domain 9 - Continuing Professional Development in Stage 1 Training or equivalent (CT1-CT3)

No evidence of CPD.	**0**
I am able to demonstrate evidence of mandatory training /local online training.	**1**
I am able to provide evidence of mandatory training/local online training plus one educational event/CPD event of 1 day duration (see guidance document if no mandatory training evidence).	**2**
I am able to provide evidence of mandatory training/local online training, plus 2 educational events/CPD of 1 day duration (see guidance document if no mandatory training evidence).	**3**
I am able to provide evidence of mandatory training/local online training plus 2 educational events. One of which is related to simulation or regional anaesthesia AND **one** of which is more than 1 day duration. (see guidance document if no mandatory training evidence).	**4**
I am able to demonstrate evidence of mandatory training/local online training, plus 3 educational events. At least one should be related to regional anaesthesia or simulation, **one** is more than 1 day duration AND one includes a national; or international CPD event related to anaesthesia (see guidance document if no mandatory training evidence).	**5**

Educational events attended must be of at least 1-day duration current at the time of uploading of documents and within the last 5 years. However Life support courses eg ATLS or EPALS must not have expired at the time of document uploading. Events must have been attended and not just booked in the future.

Courses that are mandatory for appointment do not count.

In exceptional circumstances, e.g. where there has been a break in service such as in statutory leave then courses can be accepted up to 7 years This must be made clear in the timeline and an explanation given in the Domain Score Explanation. The only exceptions to these are life support courses which have an expiry date. These need to be in date at the time of document upload.

- For 1 point - applicants must be able to demonstrate that they have undertaken mandatory training in **their current or most recent placement**. Evidence could include a certificate or a printout of their completed mandatory training dashboard (with the name of the applicant on), or a Letter of Evidence from an applicant's Educational Supervisor.
- Examples of mandatory training include blood transfusion, infection control, safeguarding, fire hazard awareness, information governance, manual handling, conflict resolution and inclusion and diversity i.e. these are required for all medical staff within a Trust.
- The applicant's dashboard of mandatory training does not need to be fully completed- provided there is some evidence of recent mandatory training then 1 point will be given.

- Applicants can still gain points in this domain if they are unable to demonstrate any mandatory training, but they will have their score reduced by 1 point e.g. an applicant submits a certificate demonstrating they attended an obstetric update lasting one day. This would normally score 2 points but as no evidence of mandatory training has been uploaded then their score for this domain is 1 point.
- Mandatory training for IAC/IAOC must NOT be included as Core Mandatory Training.
- PROMPT should not be considered as mandatory training but can be counted as an educational event.
- 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.**
- APLS and ATLS **do count** as an educational event - they are outside of mandatory requirements for appointment at this level.
- Any meeting, symposium, or conference relevant to anaesthesia or ICM may be credited here.
- Online educational events should be credited if applicant can present relevant certificate and course information with detail of the time/commitment spent doing the course.
- Exam courses (including revision courses) do **not** score points.
- If an attendance certificate does not state the length of course (or the number of CPD points), **it MUST be accompanied by a course programme** (this evidence will count as a SINGLE piece of evidence for this Domain).
- For 4 points - if the attendance certificate does not state the course is related to simulation/regional anaesthesia, **it MUST be accompanied by a course programme** (this evidence will count as a SINGLE piece of evidence for this Domain).
- For 4/5 points only one educational event needs to be of greater than 1 day duration.
- For 4/5 points one of the educational events attended must relate to regional anaesthesia **OR** simulation. Many local, regional, and national courses include simulation and can count e.g. a one-day local obstetric simulation day, or a local trauma simulation day can be used as evidence. Similarly, ATLS, APLS, EPALS etc. all contain simulation and count. However, simulation training as part of the IAC/IAOC must **not** be included in this Domain.
- You can also use a simulation learning event and a regional anaesthesia course as two separate events.
- Attendance at any educational meeting/conference/simulation of more than one day counts as a two-day educational event- this does not have to be a National meeting provided it takes place on consecutive days. However, the **course programme should be included if it is not clear on the attendance certificate how long the course is.**
- **It should not be assumed that assessors will know how long the course is.**

- The same course can count as both a two-day course AND simulation course; however, it only counts as **one** educational event.
- Many courses have been accredited for CPD points by the Royal College of Anaesthetists. This does not necessarily mean that they are a Regional or National course. It is the organising body that determines this. Refer to page 4 of this guidance document for further information.

This is an example of how an applicant could get the maximum 5 points in this domain:

- *Evidence of completion of core mandatory training (e.g. screenshot from website or Letter of Evidence from Ed Sup).*

AND

- *Certificate of attendance at one day human factors course.*

AND

- *Certificate of attendance at ultrasound guided regional anaesthesia course.*

AND

- *ATLS certificate (national course more than 1 day duration simulation based).*

All course certificates must be in date at the time of uploading of documents.

Given the limitations on in-person educational events during COVID 19, educational webinars and conferences will be accepted as evidence. To score 1 point, webinars (or multiple webinars combined) will need to demonstrate at least 7 CPD points. For 2 points, 14 CPD points etc. Suggest applicants combine the attendance certificates from the webinars into one PDF (which will count as a single piece of evidence)

3 courses/learning events with programmes, plus evidence of mandatory training and a domain explanation is acceptable evidence.

Including more than the maximum allowed pieces of evidence will result in deductions from the portfolio organisation score.

Domain 10 - Activities demonstrating leadership and/or management inside or outside of work. Leadership during school years will not be counted in this section.

I have not been involved in significant activities outside of medicine and I have not had opportunity to demonstrate leadership within my medical career to date.	**0**
I am an active member of a group, club or organisation promoting recreation, charity, community activities etc. **and/OR** I demonstrate significant time management outside of work. **OR** I can demonstrate significant leadership or management as **an undergraduate locally**.	**1**
I can demonstrate significant leadership or management as an **undergraduate** regionally or nationally inside or outside of medicine. **OR** I can demonstrate leadership in management or leadership as a postgraduate in my hospital. **OR** I have a leadership qualification e.g. PG certificate in medical leadership.	**2**
I can demonstrate significant leadership or management as a **postgraduate** regionally inside or outside of medicine.	**3**
I can demonstrate a national or international commitment to leadership or management inside or outside of medicine **in the postgraduate period** such as expedition leadership Duke of Edinburgh leader **and/OR** I sit/sat as trainee representative at a national committee/working party **OR** I have significant responsibility within e.g. BMA, GMC, RCoA.	**4**

You should read this guidance carefully as this domain has been revised.

This section can include activity current **at the time of entry into medical school** and any time thereafter. Leadership during school years does not count in this section. The highest points are for applicants who have leadership positions in the postgraduate period.

Points for leadership/Management will be given if the applicant has been in the role for at least 3 months i.e. it is not enough to have been appointed to such a position- enough time must have been passed to demonstrate an impact.

- 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 e.g. secretary, treasurer.
- 1 point: Doctors who have additional caring responsibilities e.g. caring for children/relatives may receive 1 point. A letter from your educational supervisor would be a good way to confirm this.
- 1 point: demonstration of leadership locally as an undergraduate NOT postgraduate e.g. role taken during undergraduate medical degree
- 2 points for regional or national leadership as an undergraduate
- 2 points for evidence of local management as a postgraduate e.g. Resident Doctor audit lead, rota organiser in your hospital/Trust.
- 2 points are given for PG certificates or similar in medical leadership. A description of the time component or credits should be provided.

- 2 points are given for leading expeditions **except** where there is exceptional commitment.
- Resident Doctor representation on a regional committee e.g. resident representative for the Warwickshire School attending the West Midlands Deanery meetings scores 3 points.
- Chief Registrar/Resident for a hospital or Trust scores 3 points provided the applicant has been in post for at least 3 months. Confirmation of appointment and a description of achievements in the role must be provided
- 4 points: the applicant should produce evidence for what constitutes exceptional commitment in this domain **during their postgraduate period**. This may involve confirming how long the commitment lasted for and the responsibilities of the role (exceptional sporting, volunteering, leadership commitment can be scored here).
- Resident Doctor representation on a national committee e.g. RCoA Council or committee member scores 4 points.
- Being the teaching lead does NOT count as leadership in this section but may gain points in Domain 6 (e.g. teaching fellow or ALS Instructor etc gains points in Domain 6, not Domain 10). Similarly leadership in research does not gain points in this domain but may do so in Domain 5.
- Organising a one-day study day locally or regionally (without teaching on it) scores 2 points, or 3 points for a national course. Applicants MUST NOT use a course provided as evidence in Domain 6
- This domain excludes management in or outside medicine where the applicant already gets a reward by payment in this role e.g. company director

***An example of scoring in this section would be**:*

A Resident Doctor has uploaded a letter from their HOS stating they are the regional LTFT training representative on their regional training committee – this would score 3 points.

A Resident Doctor has uploaded a letter from their College Tutor saying they have organised the resident rota for 1 year - this would score 2 points.

A national leadership role such as representative on a national committee such as the AAGBI or RCoA or equivalent scores 4 points.