

**2027 NATIONAL SELECTION
ST1 CARDIOTHORACIC SURGERY
SELF ASSESSMENT SCORES AND DESCRIPTORS**

Domain	Scores								Notes and specific evidence required to support self assessment score
	0	1	2	3	4	5	6	Range	
Section 1: Undergraduate Medical Career									
Academic Prizes & Awards	Shortlisted or finalist for an award but not winner of an award Certificate of merit, certificate of appreciation, runner-up etc. No evidence	One 1st prize awarded for academic performance One or more bursary(ies), grant(s) or fellowship(s) awarded for research or travel	Two or more 1st prizes awarded for academic performance		Graduated from final year medical school amongst top 10% overall		Graduated from final year medical school ranked 1st overall	0 - 6	For graduated from medical school in top 10% or graduated from medical school ranked 1st there must be a document from the medical school signed by them to confirm this to score. This must be top 10% or first for the ENTIRE medical degree not just individual components of it.
Undergraduate Clinical Electives and Attachments	Electives or clinical attachments in Cardiothoracic Surgery in own institution of 2 weeks or less No evidence	One elective or clinical attachment in Cardiothoracic Surgery in own institution of more than 2 weeks One elective or clinical attachment in Cardiothoracic Surgery in non	One elective or clinical attachment in Cardiothoracic Surgery in non home institution of at least 4-week duration	Two or more separate electives or clinical attachments in cardiothoracic surgery in own institution of more than 2 weeks each		Two or more separate electives or clinical attachments in cardiothoracic surgery in non home institution of at least 4-week duration each		0 - 5	Home institution is defined as any cardiothoracic surgery centre attached / affiliated with the medical school the applicant attended.

		home institution of at least 2-week duration							
	0	1	2	3	4	5	6	Range	
Section 2: Post graduate qualifications									
Higher Degrees	MD as primary medical qualification Registered for higher degree but not yet awarded. No evidence		Higher degree awarded in a subject not directly related to Cardiothoracic Surgery (MSc, MS, MCh, MPhil, MD, DPhil, PhD). Master in Education, MBA (Above can have been awarded at any timepoint)		Awarded master degree (MS, MCh, MPhil) with original research component directly related to Cardiothoracic Surgery.		Awarded doctorate degree (MD, PhD, DPhil) with original research component directly related to Cardiothoracic Surgery.	0 - 6	Generic topics such as physiology, anatomy, surgery etc will not score as directly related to cardiothoracic surgery. Examples of topics that would score would be a MD or PhD in "Immune responses of lung cancer to Durvolimab" or "Connective tissue disorders and their role in development of thoracic aortic aneurysms"
Post graduate qualifications	USMLE ECFMG No evidence	MRCP	MRCS Part A		Full MRCS			0 - 4	
PG Cert & PG Dip	No evidence	1 postgraduate certificate(s) awarded following part or full-time supervised study relevant to research or service delivery in	1 postgraduate diploma awarded following part or full-time supervised study relevant to research or service delivery in					0 - 2	

ST1 CT Surgery 2027 Self Assessment Scores and Descriptors

		Cardiothoracic Surgery	Cardiothoracic Surgery						
Domain / Score	0	1	2	3	4	5	6	Range	
Section 3: Professional Development									
Research	Limited involvement in research e.g. data collection only No evidence	Substantive role in a completed research project <i>(Not recognised elsewhere in application i.e. not yet presented or published)</i> Recipient of one or more research grant as co-applicant Recipient of one or more personal research grant(s) as principal research grant holder with total value of less than £2,000	Recipient of one or more personal research grant(s) as principal research grant holder with total value of £2,000-£9,999 <i>(Post-graduate – i.e. must be after first university degree and medical school)</i>	Recipient of one or more personal research grant(s) as principal research grant holder with total value of £10,000-£19,999 <i>(Post-graduate – i.e. must be after first university degree and medical school)</i>	Recipient of one or more personal research grant(s) as principal research grant holder with total value of £20,000 or more <i>(Post-graduate – i.e. must be after first university degree and medical school)</i>			0 - 4	To score for this there must be clear documentation proving that the grant is awarded to the applicant as the primary holder of this.
Quality Improvement Project / Audit	Participation in QI / clinical audit e.g. data collection -audit project commenced but not yet completed	Leadership in the design, conduct, and presentation of 1 to 3 completed QI / clinical audit project(s)	Leadership in the design, conduct, and presentation of 4 or more completed QI / clinical audit projects registered	Leadership and completion of 3 or more different QI / audit cycles registered with audit department <i>(i.e. completed)</i>				0 - 3	A document including the below bullet points should be submitted alongside evidence of Quality Improvement Project(s) / Audit(s) to the Self Assessment portal: Title and reasons for choice

ST1 CT Surgery 2027 Self Assessment Scores and Descriptors

	No evidence	registered with audit department OR Leadership and completion of 1 QI / audit cycle registered with audit department <i>(i.e. completed both audit AND re-audit)</i>	with audit department OR Leadership and completion of 2 different QI / audit cycles registered with audit department <i>(i.e. completed both audit AND re-audit)</i>	<i>both audit AND re-audit)</i>					• Aim • Method of baseline data collection • Method of data collection after change implemented • Method of planning and implementing changes • Stakeholder engagement • Evaluation of results and plan for maintaining changes • Reflection on learning This document should also be signed off by the Consultant Supervisor.
Domain / Score	0	1	2	3	4	5	6	Range	
Postgraduate Awards and Prizes	Bursaries, grants and fellowships awarded for research or travel No evidence	Awards or prizes awarded by a local or regional peer group related to <u>achievement</u> in medicine or surgery	National award(s) reflecting outstanding <u>achievement</u> in medicine or surgery	International award(s) reflecting outstanding <u>achievement</u> in medicine or surgery				0 - 3	There needs to be clear documentation of any award from the awarding body. To qualify as a international award reflecting outstanding achievement in medicine or surgery this must be from a respected major society such as the European Association for Cardiothoracic Surgery or The American Association for Thoracic Surgery

ST1 CT Surgery 2027 Self Assessment Scores and Descriptors

									(Awarding body must be of similar standing to those mentioned).
Domain / Score	0	1	2	3	4	5	6	Range	
Section 4: Operative Skills									
Operative Skills- Incisions	No evidence	Opening of laparotomy / thoracotomy / sternotomy or other major incision (as primary surgeon for opening) 1-5 cases Or opening of minimally invasive ports (for example laparoscopic, thoracoscopic, robotic) 1-20 cases	Opening of laparotomy / thoracotomy / sternotomy or other major incision (as primary surgeon for opening) 6-10 cases Or opening of minimally invasive ports (for example laparoscopic, thoracoscopic, robotic) 21+ cases	Opening of laparotomy / thoracotomy / sternotomy or other major incision (as primary surgeon for opening) 11+ cases				0 - 3	All evidence needs to be in a consolidated table, with a breakdown of type of incision and signed by a consultant surgeon/s as accurate and dated. (cases from different departments or trusts must be signed off by a consultant from each appropriate department and trust as separate tables then a consolidated totals table) as accurate and dated. Please use template provided for table and see examples given in appendix 1.
Operative Skills- Closures	No evidence	Closure of laparotomy / thoracotomy / sternotomy or other major incision (as primary surgeon for opening)	Closure of laparotomy / thoracotomy / sternotomy or other major incision (as primary surgeon for opening)	Closure of laparotomy / thoracotomy / sternotomy or other major incision (as primary surgeon for opening)				0 - 3	All evidence needs to be in a consolidated table, with a breakdown of type of incision and signed by a consultant surgeon/s as accurate and dated. (cases from different departments or trusts must be signed off by a consultant from each

ST1 CT Surgery 2027 Self Assessment Scores and Descriptors

		1-5 cases Or closure of minimally invasive ports (for example laparoscopic, thoracoscopic, robotic) 1-20 cases	6-10 cases Or closure of minimally invasive ports (for example laparoscopic, thoracoscopic, robotic) 21+ cases	11+ cases					appropriate department and trust as separate tables then a consolidated totals table) as accurate and dated. Please use template provided for table and see examples given in appendix 1.
Domain / Score	0	1	2	3	4	5	6	Range	
Operative Skills- Whole procedures	No evidence	Number of whole operative procedures performed by applicant as primary surgery. (For example – appendicectomy, varicose vein surgery, excision of subcutaneous cyst, saphenous vein harvesting, VATS pleural biopsy etc). Incision and drainage of abscess will not be counted as a whole procedure but can be counted as equivalent to a minimally invasive	Number of whole operative procedures performed by applicant as primary surgery. (For example – appendicectomy, varicose vein surgery, excision of subcutaneous cyst, saphenous vein harvesting, VATS pleural biopsy etc). Incision and drainage of abscess will not be counted as a whole procedure but can be counted as equivalent to a minimally invasive	Number of whole operative procedures performed by applicant as primary surgery. (For example – appendicectomy, varicose vein surgery, excision of subcutaneous cyst, saphenous vein harvesting, VATS pleural biopsy etc). Incision and drainage of abscess will not be counted as a whole procedure but can be counted as equivalent to a minimally	Number of whole operative procedures performed by applicant as primary surgery. (For example – appendicectomy, varicose vein surgery, excision of subcutaneous cyst, saphenous vein harvesting, VATS pleural biopsy etc). Incision and drainage of abscess will not be counted as a whole procedure but can be counted as equivalent to a minimally invasive			0 - 4	All evidence needs to be in a consolidated table, with a breakdown of type of incision and signed by a consultant surgeon/s as accurate and dated. (cases from different departments or trusts must be signed off by a consultant from each appropriate department and trust as separate tables then a consolidated totals table) as accurate and dated. Please use template provided for table and see examples given in appendix 1.

ST1 CT Surgery 2027 Self Assessment Scores and Descriptors

		incision in the “incisions” sections above. 1-5 cases	incision in the “incisions” sections above. 6-10 cases	invasive incision in the “incisions” sections above. 11-15 cases	incision in the “incisions” sections above. 16+ cases				
Domain / Score	0	1	2	3	4	5	6	Range	
Section 5: Supporting Activities									
Presentations	Departmental presentations No evidence	Poster presentations at national or international meetings	Personally delivered 1 to 2 oral presentation(s) as the podium presenter at a national or international society involving a major personal commitment	Personally delivered 3 or more distinct oral presentations as the podium presenter at a national or international society involving a major personal commitment				0 - 3	
Publications	Letter to editor Abstract E-comments Pay to publish journal articles No evidence	Co-author for 1 to 4 peer-reviewed publications (listed in PubMed) or published book chapter(s) OR First author for 1 peer-reviewed publication (listed in PubMed) (Excluding case reports)	Co-author for 5 or more peer- reviewed publications (listed in PubMed) or published book chapters OR Author or editor of a relevant textbook OR First author for 2	First author for 3 peer-reviewed publications (listed in PubMed) (Excluding case reports) <u>NB</u> Joint first authorship would only be accepted and scored when it	First author for 4 peer-reviewed publications (listed in PubMed) (Excluding case reports) <u>NB</u> Joint first authorship would only be accepted and scored when it is clearly stated by the publishing journal.			0 - 4	Screenshot from PubMed to be provided when uploading evidence to the Self Assessment portal. If a publication is not retrievable on PubMed it will not score.

ST1 CT Surgery 2027 Self Assessment Scores and Descriptors

		<u>NB</u> Joint first authorship would only be accepted and scored when it is clearly stated by the publishing journal.	peer-reviewed publication (listed in PubMed) (Excluding case reports) <u>NB</u> Joint first authorship would only be accepted and scored when it is clearly stated by the publishing journal.	<i>is clearly stated by the publishing journal.</i>					
Domain / Score	0	1	2	3	4	5	6	Range	
Organisational and Leadership Skills <i>(within 3 years' of application closing date i.e. Dec 2023 onwards)</i>	Rota master or similar roles No evidence	Official role in local or regional committee work, project development, charity work etc. OR Official role in local or regional branch of a national body	Overall Chair, Secretary of a national or international body or society					0 - 2	This needs to be verified with documentation from the body represented stating clearly the role of the applicant.
Teaching	Ad hoc teaching commitment (<i>i.e. less than monthly for at least 6 months duration</i>) Talks given to members of the public No evidence	Evidence of regular teaching commitment to clinical professionals e.g. medical students, nurses etc. (<i>minimum frequency of monthly for at least 6 months</i>)	Faculty of a course with evidence of a published programme AND formal participant feedback	Formal teaching role for 6 months or more e.g. anatomy demonstrator (<i>minimum 50% WTE for at least 6 months duration</i>)	Formal teaching role for 12 months or more e.g. anatomy demonstrator (<i>minimum 50% WTE for at least 12 months duration</i>)			0 - 4	Applicants should upload evidence in form of contract to the Self Assessment portal. The contract must specify the number of hours worked per week and be signed by the HR department to score. Point will only be awarded

ST1 CT Surgery 2027 Self Assessment Scores and Descriptors

		<i>duration)</i>							for roles completed by the time of uploading of evidence for verification if a applicant gets to this stage).
Domain / Score	0	1	2	3	4	5	6	Range	
Achievements outside of medicine	No evidence	I have recognised achievements outside of medicine at a significant level that have not fitted into any other domain. This score will only be awarded for achievements requiring a significant level of skill or ability which has led to a regional or national award / prize or being member of a county level or national team. (Charity work, project work, committee work or work for an organisation will not score in this domain and	I have recognised achievements outside of medicine at a significant level within the last 3 years that have not fitted into any other domain. This score will only be awarded for achievements requiring a significant level of skill or ability which has led to a regional or national award / prize or being member of a county level or national team. (Charity work, project work, committee work or work for an organisation will not score in this					0 - 2	

ST1 CT Surgery 2027 Self Assessment Scores and Descriptors

		should be included in the leadership domain)	domain and should be included in the leadership domain)						
--	--	--	--	--	--	--	--	--	--

Maximum score available 58