

## Changes to the application scoring matrix for PSRO-coordinated recruitment from 2023

Version	Date	Summary
1.0	24 December 2021	Initial version
1.1	29 June 2022	Removal of additional undergraduate degree section, additional point added back to highest scoring option in teaching section meaning it stays the same as 2022.
1.2	20 July 2022	An error in the introduction section stated that each domain was reviewed during August and September 2022; this should have read 2021 and has been updated.

This document shows changes to the guidance and application scoring matrix, scheduled to be introduced for recruitment to posts starting from August 2023, for specialties coordinated by the Physician Specialty Recruitment Office; this includes:

- Internal Medicine Training and ACCS internal medicine at IMT1/CT1-level
- 25 higher physician specialties at ST3/ST4-level.

Each domain was reviewed during August and September 2021 by a group of clinical leads from PSRO-coordinated specialties with representation from the three colleges' Trainees' Committees. It was agreed that any substantial changes would be delayed until 2023 recruitment to give prospective applicants time to plan accordingly. It cannot be guaranteed that there will not be any changes to the matrix detailed in this document but where these are necessary, they will be kept to a minimum.

Domains are the same for IMT and higher medicine specialties apart from quality improvement, MRCP(UK) and the lowest scoring option for postgraduate degrees, where IMT applicants cannot claim points for alternative specialty membership exams.

### Additional undergraduate degrees section – June 2022 update

Following a decision by the Medical and Dental Recruitment and Selection (MDRS) Programme Board, which govern specialty recruitment, the additional undergraduate degrees section has been removed from the scoring matrix; this includes intercalated degrees which are awarded as a masters.

This ruling applies to all specialties and is not specific to physician specialties. The ruling is due to the inequity of access to these opportunities due to financial implications or disadvantaging those whose medical degree does not offer the opportunity for intercalated study.

## Summary of changes

The table below summarises the main changes from 2022 recruitment:

Domain	Summary	2022 max points	2023 max points
Undergraduate degrees	<ul style="list-style-type: none"> <li>Section removed from scoring matrix following specialty-wide policy decision</li> </ul>	6	0
Postgraduate degrees	<ul style="list-style-type: none"> <li>Specified cannot claim for a second membership exam in the same specialty, e.g. MRCPI in addition to MRCP(UK)</li> <li>Maximum point score reduced</li> <li>IMT to be brought into line with higher medicine – with the exception of membership exams, which cannot be claimed</li> </ul>	6	4
Additional achievements	<ul style="list-style-type: none"> <li>Maximum point score reduced</li> </ul>	6	3
Presentations	<ul style="list-style-type: none"> <li>Maximum point score reduced</li> </ul>	8	7
Publications	<ul style="list-style-type: none"> <li>The two previous highest scoring options, which referenced two or more publications, have been removed as these were scored by very few people. Remaining options revalued so that maximum remains 8 points, with most middle options increasing slightly.</li> <li>Lowest scoring option for abstracts and non-peer reviewed articles reduced to 1 point from 2 points</li> <li>Specifying ‘corresponding author’ as equal of first author</li> <li>It will be explored how to include scoring for audio/visual media work and also websites which are medicine linked but not PubMed cited – e.g. non-clinical healthcare related web pages</li> </ul>	8	8
Teaching experience	<ul style="list-style-type: none"> <li>IMT to be brought into line with HST from 2023</li> <li>It will be explored whether points could be awarded in future years for involvement in assessment activities, e.g. OSCEs or mini-CEX</li> </ul>	6	6
Training in teaching	<ul style="list-style-type: none"> <li>Merging of the two lower scoring options for brief training lasting no more than two days and substantial training lasting more than two days. New simplified option specifies training in teaching methods below PG Cert or PG Diploma level</li> <li>Maximum point score reduced</li> </ul>	4	3
Quality improvement	<ul style="list-style-type: none"> <li>IMT and higher medicine to retain divergence in scoring.</li> <li>IMS1 curricula requirements used as touchstone for HST matrix</li> <li>Maximum point score reduced</li> </ul>	6	5
Leadership and management	<ul style="list-style-type: none"> <li>Maximum point score reduced</li> </ul>	6	4
MRCP(UK)	<ul style="list-style-type: none"> <li>Plan is to reinstate for higher specialty training, not scored for IMT. Final decision will be based on exam availability</li> </ul>	N/A	8
<b>Total</b>		<b>56</b>	<b>48 (40 for IMT)</b>

## Rationale for changes

Applications are scored across a wide range of areas to reflect the diverse achievements and interests of trainees, and to reflect the varied skills physicians may require in their career.

There were specific reasons for each change and this document will not detail all, however, the general principles for changes are outlined below.

- **Reduced weighting for academic achievements** – the proportion of points available for some of the academic areas has decreased. There are two main reasons for this:
  - Many of these points are not possible or realistic for most trainees once they start training and so it is felt fairer to increase the proportion of points available for areas which can be scored more readily alongside training.
  - There are issues with equity of access to some opportunities, particularly additional undergraduate/intercalated degrees, where there are financial restrictions for many trainees, or medical schools not that do not offer these opportunities.
  - Many of the academic achievements are likely to lead to scoring points in other domains. For example, someone completing a PhD or doctorate is likely to be able to gain additional points for presentations and publications.
- **Predictive validity for interview performance** – there is a range in how well a domain predicts performance at interview. The predictive validity was taken into account when looking at the points available, although it was only one factor used. There is no direct correlation between the points available and predictive validity.
- **Quality improvement and the internal medicine curriculum** – the matrix for the QI domain differs between IMT and higher specialty training. The HST matrix is written with reference to the Internal Medicine Stage 1 curriculum, whilst the IMT matrix is more closely aligned with the pre-existing options.
- **MRCP(UK)** – the aim is to reintroduce points as the availability of PACES increases, following reduced availability due to the pandemic. The final decision will depend on what happens in the next year.

## Postgraduate degrees and qualifications

**Degree classifications** - Where you have gained a degree/qualification which does not appear to fit exactly within one of the options available here, please select the option here which you deem equivalent based upon your knowledge of the level of the qualifications within the UK and the country where you gained your qualification. You will be required to justify your selected option on the application form as to why you deemed this the equivalent option; interviewers may ask you about this further at interview.

**Intercalated degrees** – Intercalated degrees **cannot be scored** in any section of self-assessment. These are usually awarded at bachelors' level but are sometimes given at masters level. Regardless of which level your degree was awarded at, you cannot claim for intercalated degrees in this, or any other, section.

**Teaching postgraduate qualifications not to be included** - Please note that any postgraduate qualifications related to teaching that you may have gained (eg. PG Cert, PG Dip etc) should not be scored for in this section, and should instead be included in the Training in Teaching section.

**MRCP(UK) not included** - Please do not include details of MRCP(UK) (or other postgraduate examinations required for entry to higher specialty training) within this section.

**Examples of evidence** - You should be able to show your qualification certificate. Where you do not have access to it, a letter from the awarding body confirming the qualification will suffice.

## Postgraduate degrees and qualifications

Postgraduate degrees and qualifications		
Option	Score	Notes
PhD or MD by research (can include non-medical related qualifications)	<b>4</b>	<p>You undertook research involving original work, usually of at least two to three years' duration, and ideally resulting in one or more peer-reviewed publication.</p> <p>A majority of the time during the period should have been dedicated to research rather than clinical training.</p> <p>To score yourself for an MD it should meet the UK definition of an MD: <i>A supervised research degree for students already registered with the General Medical Council, is studied full time over 2 years or 4 years part time awarded a doctorate if your thesis is judged to represent an original contribution to knowledge in your chosen area.</i></p>
Masters level degree eg MSc, MA, MRes, etc. (can include non-medical qualifications). Typically lasts 8 months or longer, full-time equivalent	<b>3</b>	<p>This must be a specific course that usually lasts for three university terms (or equivalent) and is eight months' or more duration (full time equivalent); it must not be claimed for upgrading a bachelor's degree without further study as is offered in some universities.</p> <p>You can claim this option for an MD (by teaching, usually including a dissertation), where a substantial amount of time was spent in clinical training and being taught; the dissertation is a smaller part of the programme, not usually involving new research.</p>
Other relevant postgraduate diploma or postgraduate certificate typically lasting between one and ten months (whole-time equivalent). You cannot claim for the MRCP(UK), or parts thereof, in this section, or an alternative membership examination which is required for entry to the specialty (eg MRCPCH, MRCPI) to which you are applying. Qualifications unrelated to medicine cannot be claimed for in this option.	<b>1</b>	<p>This option is for relevant postgraduate courses / modules - eg diploma of tropical medicine and hygiene etc. If you have completed an additional specialty membership examination to the one required for entry to the specialty (normally MRCP(UK)), this can be claimed for in this section; for example, you have the MRCGP in addition to the MRCP(UK). You cannot claim points for additional membership exams in the same specialty (e.g. you have the MRCP(UK) and you have completed an additional medicine membership exam from another country)*</p> <p>It is not permissible to claim points for partially completed qualifications - eg 1 year of a three-year degree.</p> <p>For a qualification to count, the eligibility criteria must specify that only graduate entrants can apply.</p>
None/other: please specify	<b>0</b>	<p>This space is for you to mention anything which you think is of relevance, but which cannot be categorised above.</p> <p><b>Please note</b> that entries under this option <b>do not gain marks at the application stage</b>, but may be one of the factors taken into account by interviewers when deciding upon their interview scoring.</p>

\* For IMT it will remain that no specialty membership exams can be claimed as these are not possible for a foundation trainee to have completed

## Additional achievements

Please note that where a stated percentage is given you must be able to demonstrate this to claim that option. If your medical school do not specify this, you will need to contact them to ask them to supply something in writing to verify that your performance met the specified criteria.

**Examples of evidence** - This would normally be a letter or certificate from the medical school or organiser which confirms the award.

Additional achievements		
Option	Score	Notes
High-achievement award for primary medical qualification (eg honours or distinction) awarded to no more than the top 18%	<b>3</b>	If more than 18% of the year receive honours/distinction etc., then it no longer marks you out as exceptional in this category
Awarded international/national prize related to medicine	<b>2</b>	This means that the prize is open to medical undergraduates and / or postgraduates in the country of training
<b>One or more</b> prizes / distinctions / merits related to parts of the medical course awarded to no more than the top 20%	<b>1</b>	You may only claim this if you were in the top 20% of marks for the part of the course on at least one occasion
None/other: please specify	<b>0</b>	This space is for you to mention anything you think is of relevance which cannot be categorised above.  <b>Please note</b> that entries under this option <b>do not gain marks at the application stage</b> , but may be one of the factors taken into account by interviewers when deciding upon your interview scoring.

## MRCP(UK)/alternative

**Alternative specialty examinations** - Where you have an alternative UK specialty examination which is specified on the person specification, you can substitute the MRCP(UK) with the corresponding examination for that specialty.

For example, if you are applying to haematology, which accepts the MRCPCH, you can claim the points for completing Part 2 Written if you have completed all of the theory examinations and the points for both Part 2 Written and PACES if you have additionally completed the clinical examination and have the full MRCPCH diploma.

**Non-UK alternative training** – If you are applying without the MRCP(UK), on the basis of having completed Irish Basic Specialty Training and the MRCPI, or you are eligible for the GMC specialist register in general internal medicine, you can only apply if you have completed training, including postgraduate examination, at time of application so should only select the top option.

MRCP(UK)/alternative		
Option	Score	Notes
I have passed both MRCP(UK) Part 2 Written and PACES or an acceptable alternative	8	
I have passed MRCP(UK) PACES but not Part 2 Written or an acceptable alternative	6	
I have passed MRCP(UK) Part 2 Written but not PACES or an acceptable alternative	2	
I have not passed MRCP(UK) Part 2 Written or PACES or an acceptable alternative	0	

## **Presentations/posters**

Typically you will be invited or selected to give a presentation or show your poster. In situations where you are solely presenting or showing your poster because you have paid a fee you may only select the “none/other” option.

### **What is a presentation?**

'Presentations' referred to here are oral presentations, with or without slides, in front of an audience of healthcare professionals.

These can be of anything related to medicine, typically a case or case series, research or other topic. It would normally be expected to include a question and answer session.

### **Posters**

If a poster is shown without an accompanying oral presentation you can still claim points in line with the relevant statement below.

'Shown' should be considered to mean a significant role in the content of the poster with a defined opportunity for discussion during the conference/meeting at which it is displayed.

### **What if I did not personally present or show a poster?**

If you were a significant contributor (usually first or second author) to a presentation/poster but did not personally present/show it, you can still claim the points as if you had presented.

### **Presentations/posters cancelled due to COVID-19**

If you were due to present a poster or oral presentation which was cancelled due to the COVID-19 outbreak, you may claim the points as if you had attended and presented. You should provide evidence that your work was selected for presentation, the event was cancelled due to COVID-19 and must still provide evidence of your work; e.g. poster, abstract, PowerPoint presentation etc.

### **What is a medical meeting?**

Typically this will be an audience of doctors and/or other healthcare professionals attending away from their normal place of work for which attendees will be undertaking continuing professional development.

The exception to this is the option for a local meeting where the audience is predominantly internal to that workplace.

### **Examples of evidence**

This could include a range of documents, examples include: a certificate or letter confirming the invitation and/or delivery of the presentation/poster, an abstract submitted to the organiser, inclusion in the abstracts book for the meeting, a copy of the presentation slides or poster.

## Presentations/posters

Presentations/posters		
Option	Score	Notes
An <b>oral presentation</b> in which I was a first or second author was given at a <b>national or international</b> medical meeting	<b>7</b>	National means that participation is routinely extended to, and accepted by, anyone in the country; as implied, international means participation extends beyond this
A <b>poster</b> in which I was a first or second author was shown at a <b>national or international</b> medical meeting	<b>5</b>	National means that participation is routinely extended to, and accepted by, anyone in the country; as implied, international means participation extends beyond this
An <b>oral presentation</b> in which I was a first or second author was given at a <b>regional</b> medical meeting	<b>5</b>	Regional means that participation is confined to, for example, a county, medical training region, health authority, or a recognised cluster of hospitals, extending beyond a city
An <b>oral presentation</b> in which I was a first or second author was given at a <b>local</b> medical meeting	<b>2</b>	Local usually means participation is confined to a local hospital or university setting
A <b>poster</b> in which I was a first or second author was shown at a <b>regional or local</b> medical meeting	<b>2</b>	See the options above for notes about what regional/local entails.
None/other: please specify	<b>0</b>	This option can be used for anything else you think is relevant that cannot be categorised above, including presentations not yet delivered.  <b>Please note</b> that entries under this option <b>do not gain marks at the application stage</b> , but may be one of the factors taken into account by interviewers when deciding upon their interview scoring.

## Publications

**PubMed citations** - Any item included under an option stating 'PubMed-cited' must be cited in PubMed, so as to demonstrate that it is both peer-reviewed and relevant to medicine.

Where possible, you should include this PubMed reference when giving details of publications and the application form will require you to leave the web link for your article.

**Cochrane reviews** can be regarded as equivalent. The only exception to this is in the case of published medical books, which do not require PubMed citation.

**Authorship** – Any stated authorship must be recognised by PubMed within the author section of the citation system.

**In press** - Whilst achievements not yet gained cannot usually be claimed, an exception to this are any articles/publications which have been completely accepted, but are just waiting to be published - ie 'in press'.

**Examples of evidence** - A photocopy of the article/webpage where the article is found, excerpts from a medical book, confirmation that your article is 'in press' if not yet published. The PubMed link should be included on the application form where it is available.

### Glossary of publications section terms

**In press** - this means that your piece has been fully accepted for publication; no further alterations are required; and it is just waiting to be published.

**PubMed** - virtually all published articles relevant to medicine will have a unique PubMed ID number (PMID) assigned to it. If a published article does not have a PMID, it is unlikely to be relevant here.

**Peer-reviewed** - this means that your piece has been sent to one or more independent reviewers prior to acceptance for publication.

**Submitted article** - this cannot gain any marks at the short-listing stage, because it is not known if it will be published. However, you may wish to mention it to support your application, and you may wish to discuss this at interview.

**First author** - this means first on the list of authors.

**Joint-first author** - this is a specific definition and will be specified in the publication.

**Corresponding author** – this is a specific definition and will be specified in the publication.

**Co-author** - this means that you are on the list of authors as recognised within the PubMed citation system, but are not first or joint-first author. Contributors recognised within the manuscript but not specified as an author within the PubMed citation system, cannot claim for this publication.

**'Other' publication** - anything that is not an original research article (or book/chapter) - eg editorials, reviews, abstracts, case reports, letters, etc. On-line discussion forums or posted articles do not count.

**Original research** - this covers basic scientific research as well as systematic reviews/meta-analyses.

## Publications

Publications		
Option	Score	Notes
I am first author, joint-first author or corresponding author, of <b>one or more</b> PubMed-cited original research publication (or in press)	<b>8</b>	
I am co-author of <b>one or more</b> PubMed-cited original research publication (or in press)	<b>6</b>	
I am first author, joint-first author, corresponding author or co-author of <b>more than one</b> PubMed-cited <b>other publication</b> (or in press) such as editorials, reviews, case reports, letters, etc	<b>5</b>	
I have written one or more chapters of a book related to medicine in its broadest sense (this does not include self-published books)	<b>5</b>	This refers to medicine in its broadest sense and not just hospital medicine. Books must be published by an independent publishing house, ie not self-published
I am first author, joint-first author, or co-author of <b>one</b> PubMed-cited <b>other publication</b> (or in press) such as an editorial, review, case report, letter, etc	<b>3</b>	
I have published one or more abstracts, non peer-reviewed articles or published articles that are not PubMed-cited	<b>1</b>	
None/other: please specify	<b>0</b>	This option can be used for anything else you think is relevant that cannot be categorised above, including things not yet accepted for publication.  <b>Please note</b> that entries under this option <b>do not gain marks at the application stage</b> , but may be one of the factors taken into account by interviewers when deciding upon your score at the evidence and suitability station.

## Teaching Experience

Teaching is split into two separate scoring areas, 'Teaching experience' and 'Training in teaching'.

**Timescale of programmes** - It is difficult to be prescriptive about timescales as it will depend on the regularity and length of sessions. What is important is that a lasting commitment to a meaningful teaching programme can be demonstrated. Therefore, you will need to use your professional judgement if your programme was less than three months on whether you can reasonably select this option and provide evidence accordingly.

**Feedback** - this means you have either evidence of senior observation and feedback (eg Developing the Clinical Teacher or Teaching Observation form) or that there has been collection and analysis of participants' feedback forms with **independent** verification. Independent feedback should ideally be supported by a letter or certificate from a course organiser/deputy, local tutors or a report detailing the analysis.

**COVID-19** – it is recognised that some teaching programmes may have been disrupted due to the COVID-19 outbreak. Any teaching programme that had been fully organised with at least some sessions delivered, may claim the option as if the programme had been completed. You must provide a letter from your local tutor/organisation to confirm the situation and you must also have evidence of your work up to the point of cancellation; e.g. timetable, outline programme, any presentation materials, feedback on the sessions delivered.

### Examples of evidence

**Teaching experience:** evidence of formal feedback collected is required for all scoring options – this could be a letter/form from the local tutor/organisation or feedback forms from attendees.

To score the two highest scoring options you will additionally need to provide:

- a letter from your local tutor/organisation confirming your contribution to the course
- evidence of the timetable, outline of the programme/content

Letters from a tutor/organisation responsible for your programme must be on a headed document from the organisation.

## Teaching Experience

Teaching Experience		
Option	Score	Notes
I have worked with local tutors to <b>organise</b> a teaching programme (a series of sessions) for healthcare professionals or medical students on which I <b>regularly taught</b> over a period of <b>approximately three months</b> or longer. I have evidence of <b>formal feedback</b> .	<b>6</b>	You have worked with local tutors to organise a teaching programme and arrange teachers; it is not necessary for you to have personally designed the teaching programme. You have a certificate or letter of recognition of your contribution. You have evidence of formal feedback from these sessions, or a 'Developing the Clinical Teacher' / <a href="#">Teaching Observation</a> form.
I have provided <b>regular</b> teaching for healthcare professionals or medical students, as part of a defined programme/course, over a period of <b>approximately three months</b> or longer. I have evidence of <b>formal feedback</b> .	<b>3</b>	For example, regular bedside or classroom teaching, acting as a mentor to a student or acting as a tutor in a virtual learning environment. You have a certificate or letter of recognition of your contribution. You have evidence of formal feedback from these sessions, or a 'Developing the Clinical Teacher' / <a href="#">Teaching Observation</a> form.
I have taught medical students or other healthcare professionals <b>occasionally</b> . I have evidence of <b>formal feedback</b> .	<b>1</b>	Occasionally means less than the approximate three months for higher scoring options but should be at least three sessions. You have evidence of formal feedback from these sessions, or a 'Developing the Clinical Teacher' form.
none/other: please specify	<b>0</b>	This option can be used for anything else you think is relevant that cannot be categorised above.  <b>Please note</b> that entries under this option <b>do not gain marks at the application stage</b> , but may be one of the factors taken into account by interviewers when deciding upon their interview scoring.

## Training in Teaching

Training in teaching		
Option	Score	Notes
I have been awarded a masters level teaching qualification.	<b>3</b>	This could be full time over one academic year or part-time over multiple years.
I have a higher qualification in teaching eg PG Cert or PG Diploma.	<b>2</b>	
I have had training in teaching methods which is below the level of a PG Cert or PG Diploma	<b>1</b>	This should be additional to any training received as part of your primary medical qualification.
I have had no training in teaching methods.	<b>0</b>	

## Quality Improvement – Higher Specialty Training

The guidance for IMT and higher specialty training is the same, however, the matrix is different for each so there are separate tables on the subsequent pages.

The QI project (QIP) may be a new project or might involve the further development and sustainability of an existing change project. Clinical audits can be a type of QI project, if they use QI methodology. Your project must demonstrate use of recognised QI methodology, e.g. [Plan Do Study Act \(PDSA\) cycles](#) or equivalent.

### Please note:

- If you have been involved in a long-running multi-cycle project, you can only claim points based on the cycles in which you were directly involved.
- If your project has not yet completed a single cycle, you can only select the 'none/other' option.

**COVID-19** – it is recognised that some quality improvement projects may have been disrupted due to the COVID-19 outbreak. Any project which had been fully designed and data collection commenced but could not be completed due to the COVID-19 outbreak, may claim the option as if that cycle of the planned project had been delivered. You must provide correspondence from your supervisor/or other appropriate consultant to confirm the situation and you must also have evidence of your work up to the point of cancellation; e.g. project outline, data capture.

**Examples of evidence** - The preference is a [QIPAT form](#). If this is not available, a headed document from your supervisor/organisation confirming similar information, which must as a minimum cover:

- QIP topic (The reason for the choice of QIP is clear, aims of the QIP are stated, SMART and trainee led)
- QI measures identified (Process, outcome and balancing measures identified)
- Demonstration of use of QIP methodology
- Change implementation (Documentation of progress, problems and unexpected observations. Run chart of results)
- Evaluation of change (Complete analysis of data. Data compared to predictions. Clear identification of what was learnt)
- Future application of the QIP considered

A fully completed QIPAT form or equivalent document will mean no additional evidence is required. If you feel you need to attach additional information to demonstrate your project, this could include: project outline/plan, the project presentation/poster; all evidence should describe your direct involvement.

## Quality Improvement – Higher Specialty Training

Quality Improvement – Higher Specialty Training		
Option	Score	Notes
Involvement in <b>all aspects</b> of <b>two cycles</b> of an original QI project where you can demonstrate a leadership capacity by supervising other members of the team	<b>5</b>	In addition to the requirements for the option immediately below, you should be able to demonstrate that you undertook a significant leadership role within the project. This should include designing the project, playing a leading role in the project delivery and supervision of other members of the team.
Involvement in <b>all aspects</b> of <b>two cycles</b> of a QI project	<b>4</b>	For example, you participated in all stages of a PDSA cycle (or similar), i.e. or were involved in planning, data collection, data analysis, and change, as well as a further cycle. Presentation of a project is not essential as not all QI work requires presentation. It is likely that this involved working as part of a team but you must evidence your own role within the QI activity for all stages.
Participating in QI activity – this requires Involvement in <b>one aspect</b> of a completed, <b>multi-cycle</b> QI project <b>OR</b> involvement in <b>two or more aspects</b> of a <b>single cycle</b> QI project	<b>1</b>	For example: you were only involved in data collection in a multi-cycle project, <b>OR</b> you were involved in data collection and analysis in a single cycle project. You cannot choose this option if you were only involved in a single aspect of a single cycle project; for example you only collected data in a single cycle of a project.
none/other: please specify	<b>0</b>	This option can be used for anything else you think is relevant that cannot be categorised above. <b>Please note</b> that entries under this option <b>do not gain marks at the application stage</b> , but may be one of the factors taken into account by interviewers when deciding upon their interview scoring

## Quality Improvement – Internal Medicine Training

Quality Improvement – Internal Medicine Training		
Option	Score	Notes
Involvement in <b>all</b> stages of two cycles of a quality improvement project	<b>5</b>	<p>For example you participated in all stages of a PDSA cycle (or similar) as well as a further cycle consisting, as a minimum, of data collection and analysis.</p> <p>Involvement in a project where a change/act/action step has not been carried out but only suggestions for change created/presented does not constitute involvement in all stages.</p> <p>Presentation of a project is not an essential stage as not all QI work requires presentation.</p> <p>It is likely that this involved working as part of a team but you must evidence your own role within the QI activity for all stages.</p>
Involvement in some stages of two cycles of a quality improvement project OR involved in all stages of a single cycle of a quality improvement project	<b>3</b>	<p>For example, you were involved in data collection/analysis for two cycles of a QI project but not the change and/or planning stages.</p> <p>You participated in all stages of a PDSA cycle or were involved in planning, data collection, data analysis, and change.</p> <p>Involvement in a project where a change/act/action step has not been carried out but only suggestions for change created/presented does not constitute involvement in all stages.</p> <p>Presentation of a project is not an essential stage as not all QI work requires presentation.</p>
Involvement in <b>some stages</b> of a <b>single cycle</b> of a quality improvement project	<b>1</b>	For example, you were involved in data collection and analysis or a project that didn't implement any change.
none/other: please specify	<b>0</b>	<p>This option can be used for anything else you think is relevant that cannot be categorised above.</p> <p><b>Please note</b> that entries under this option <b>do not gain marks at the application stage</b>, but may be one of the factors taken into account by interviewers when deciding upon their interview scoring</p>

## Leadership and management

Roles related to the provision of healthcare or a non-medical voluntary capacity can both be included in this section.

Examples of roles in healthcare include: BMA national executive, trainee representative of a specialist society or college or a nationally held leadership and management fellowship.

Examples of roles in a non-medical voluntary capacity include: charity, scouting/guides, sports, creative arts, police/military.

**Demonstrable impact** - To score points in this role you must be able to indicate how you have made a difference in your leadership/management role; you will be given the opportunity to describe this on your application form.

**Timing/duration of role** - The point scoring options can only be used for roles which you have held since starting your first undergraduate degree (either your primary medical degree or a prior degree) and for a minimum of six months. The six months is of the application closing date and no leeway is allowed to ensure consistency for all applicants.

**Examples of evidence** – Examples could include: minutes from meetings a headed document, from the organisation in which the role was based, which confirms: your appointment to the role; the requirements of the role; your contribution and how you made an impact, a paper/report you have produced, formal feedback from colleagues.

Your evidence should be able to demonstrate that you held/have held the role for the six-month minimum.

Leadership and Management		
Option	Score	Notes
I hold/have held a <b>national/regional</b> leadership or managerial role for <b>6 or more months</b> and can <b>demonstrate making an impact</b>	<b>4</b>	Examples include: BMA national executive, trainee representative of a specialist society or college or a nationally held leadership and management fellowship. Charity, scouting/guides, sports, creative arts at a national level.
I hold/have held a <b>local</b> leadership or managerial role for <b>6 or more months</b> and can <b>demonstrate making an impact</b>	<b>2</b>	Examples include a role within one hospital or medical school such as junior doctors' mess president or trainee representative on a hospital committee. Charity, scouting/guides, sports, creative arts at a local or regional level.
None/other: please specify	<b>0</b>	You can use the space to mention anything which you think is of relevance that cannot be categorised above. This includes those not meeting the minimum time duration.  <b>Please note</b> that entries under this option <b>do not gain marks at the application stage</b> , but may be one of the factors taken into account by interviewers when deciding upon their interview scoring.