



Core Surgical Training Checklist

Commitment to Specialty

Operative Experience

- A - Involvement in 40 or more cases.
- B - Involvement in 30 - 39 cases.
- C - Involvement in 20 - 29 cases.
- D - Involvement in 11 - 19 cases.
- E - Involvement in 10 or less cases/no evidence.

Evidence

- www.elogbook.org.uk
- Summary sheet of consolidation report.
- Involvement **does not** include “observed” procedures.
- Each page signed by consultant: Full Name, GMC Number and Date.

Notes

Surgical Experience

- A - Attended a **surgical taster week** (minimum 5 days).
- A - Undertaken **surgical elective** as a **student** (minimum 4 weeks).
- B - Not undertaken a surgical taster week or elective.

Notes

Evidence

- Signed letter/document on official letter head, including:
 - surgical placement and hospital,
 - dates undertaken,
 - name of supervisor and GMC number (or equivalent).

Quality Improvement/Clinical Audit

- A - **Lead** in **ALL** aspects of a **surgical themed** clinical audit or QI project that has **demonstrated change** (e.g. second cycle/closed audit loop).
- B - **Lead** in **ALL** aspects of a clinical audit or QI project that has **demonstrated change** (e.g. second cycle/closed audit loop).
- C - Involved as **contributor** in a clinical audit or QI project that has **demonstrated change** (e.g. second cycle/closed audit loop).
- D - **Involved** in a clinical audit or QI project.
- E - None/Other

Evidence

- Signed consultant letter/project document stating involvement, including:
 - dates undertaken,
 - name of supervisor and GMC number (or equivalent).

Notes

Additional Points Available – *if A, B, or C is scored in QI/Clinical Audit*

- A - Presented **both cycles** of data OR the **intervention** and **change** aspects of a project at a **meeting**.
- B - Presented **one** cycle of the project at a **meeting**.
- C - Not presented any aspect of the project.

Notes

Evidence

- Copy of audit project presentation outlining scope and impact (findings and improvements achieved), OR a summary of project detailing scope and impact.
- Copy of meeting programme with project and presenting author OR Letter of acceptance of meeting presentation, confirming:
 - Project Title
 - Presenting Author
 - Date
 - Name of Organiser of Meeting
- Slides of a presentation **must** be included to score full points.

Presentations and Publications

- A - **Won** top prize for **oral presentation** at a **national/international** meeting by an **accredited institution** after being **invited/selected**.
- A - **First author** of a **PubMed-cited publication** (or in press) not including a case report or editorial letter.
- B - Delivered **oral presentation** at a **national/international** meeting convened by an **accredited institution** after being **selected** to do so.
- B - **First author** of a **prize-winning poster** or **oral poster presentations** presented at an **international/national** meeting convened by an **accredited institution** after being **invited/selected**.
- B - **First author** of a **PubMed-cited publication** of a **case report** or **editorial letter** (or in press).

OR

- Written** a **book chapter** related to **medicine** which has been **published** (not self-published).
- C - Named **co-author** of a **PubMed-cited publication** (or in press).
- D - **First author** of a **poster** or **oral poster presentation** presented at an **international/national** meeting convened by an **accredited institution** after being **invited/selected**.
- D - Delivered **oral presentation** at a **regional medical meeting** after being **invited/selected**.
- D - Cited **collaborative author** as part of a **research collaborative publication**.
- E - None/Other

Evidence

- Oral and Poster Presentations
 - Copy of oral presentation slides/poster including title and name of first author/presenter.
 - Copy of acceptance letter for presentation OR copy of event programme with name of presenter/first author, institute convening meeting, and date of meeting/presentation.
 - Certificate of attendance at event.
 - +/- Copy of prize certificate or signed letter from institute conferring the prize.
 - IF regional/local meeting, a letter from educational supervisor with above information is acceptable.
- Published Articles or Cases/Letters as First or Co-Author
 - Copy of the article (in pdf format or scanned) including PubMedID

OR

 - Letter of acceptance for publication from accepting PubMed catalogued journal to include:
 - name of applicant as first or co-author,
 - confirmation of acceptance for publication without alteration,
 - name of accepting journal,
 - date of acceptance,
 - title of the article.
- Articles in Press
 - Letter of acceptance for publications from accepting PubMed catalogued journal including:
 - name of applicant as first or co-author,
 - confirmation of acceptance for publication without alteration,
 - name of accepting journal,
 - date of acceptance,
 - title of the article,
 - a statement confirming that the journal is PubMed cited.
- Book Chapter
 - Front and back cover of the book to include:
 - title of book,
 - publishing house,
 - ISBN number
 - Contents page showing chapter and applicant as author.
- Cited Collaborative Author
 - Copy of published article to include:
 - title of article,
 - name of journal,
 - PubMed ID
 - Article page where collaborative authors are cited.

Notes

Teaching Experience

- A - Worked with local educators to design and organise a face-to-face teaching programme (series of 4 or more sessions) to enhance organised teaching for healthcare professionals or medical students.

AND

. Delivered at least 4 sessions of that teaching

- B - Worked with local educators to design and organise an online teaching programme (series of 4 or more sessions) to enhance organised teaching for . . . healthcare professionals or medical students.

AND

. Delivered at least 4 sessions of that teaching.

- C - Worked with local educators to design and organise a face-to-face teaching programme (series of 4 or more sessions) to enhance organised teaching for healthcare professionals or medical students. Delivered less than 4 sessions.

- D - Provided regular teaching for healthcare professional or medical students over the last year (4 or more sessions per year)

OR

. Have undertaken some educational activity focused on learning to teach.

- E - None/Other

Evidence

- Letter from consultant confirming involvement in designing and organising teaching programs The letter must be signed and include:
 - consultant and their GM number (or equivalent),
 - dates of activities.
- Evidence of formal feedback such as participant surveys of ISCP assessment (anonymised).

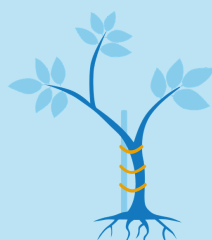
OR

- Signed letter from consultant confirming involvement in delivering teaching and formal feedback has been reviewed as acceptable, including:
 - consultant name and GMC number (or equivalent).
 - dates of activity.

OR

- Certificate for the educational event focused on learning how to teach.

Notes



BOMFA