

## Self-assessment Guidelines for Candidates

The 2025 National Otolaryngology (ENT) ST3 self-assessment scoring process will involve the prior publication of the scoring mechanism. Candidates will self-score as part of their application, and the verification of candidate's self-assessment scores will occur between applications closing and the interview date. The process is outlined in more detail below with further details available in the 2025 National Otolaryngology (ENT) Handbook.

Candidates are initially requested to self-score their Portfolio submitting their scores together with supporting evidence via the Health Education England Online Portal. Validation of each candidate's self-assessment scores will be performed by the Assessment Team. The candidate will be notified of any changes to their self-assessment score with an explanation for the changes. Candidates will be advised of the appeals process if they wish to contest their final score. The specific dates for each stage of this process will be published on the [Otolaryngology \(ENT\) website page](#).

### Self Assessment:

- This form contains the framework for applicants' self-assessment scoring.
- Applicants will be asked to complete the multiple-choice questions for each section on an online form to derive a final self-assessment score (*questions may appear slightly differently on the final application form*).
- Only one bullet point/response for each question can contribute to the score.
- Candidates will be asked to provide portfolio evidence to support the answers given during Self-assessment and submit this via the online interface.
- Candidates are instructed to only provide evidence regarding the self-assessment questions. No other information should be contained. Uploads containing unnecessary information may be marked down.
- No additional evidence will be accepted following the self-assessment submission date.
- All submitted portfolios will be validated by a team of assessors who cross-check the candidate's self-assessment scores with submitted evidence and agree a final score.
- Candidates will be notified of their final score together with detailed explanations for any changes.
- Candidates wishing to appeal their Self-assessment score will be directed to the appeals process by NHSE.
- Appeals will be presided by the Appeals Panel. The outcome of an appeal will be returned to the applicant within a short timeframe. The Appeals Panel can review any question at this stage, not just the question which has been appealed. The Appeals Panel will make the final decision on the self-assessment score at the end of this process.

### Please note:

If a candidate's portfolio is not provided in the specified format and evidence cannot be verified by the assessor during the allocated time, a score of zero will be awarded for that element of the portfolio.

Candidates considered to have provided documents that are inaccurate, falsified, or contain private or confidential patient details will have evidence taken and be referred to a Scrutiny Panel. The Scrutiny Panel will be conducted by NHS England and the candidate will be offered an opportunity to explain their actions and provide supporting documentation. The result of the Scrutiny Panel may lead to one or more of, but not limited to, the following.

- Candidate removed from the current round of National ENT recruitment.
- Candidate being reported to the GMC.
- Candidates current Trust and/or NHSE Regional Office/Deanery being notified.

ENT experience

**1) Time in ENT posts (after foundation training)**

In the time since you completed your foundation training until the 6<sup>th</sup> August 2025 (1<sup>st</sup> October 2025 for current core trainees in a scheme which finishes in October 2025) how long will you have spent in ENT? (60% LTFT equivalent timings in brackets)

- Less than 6 months (10 months) = 0 points
- 6 – 24 months (10 – 40 months) = 20 points
- 24 – 36 months (40 – 60 months) = 15 points
- 36 – 48 months (60 – 80 months) = 10 points
- >48 months (>80 months) = 0 points

**Maximum Score: 20 points**

**Evidence to upload:**

List of continuous employment history from end of medical school to date of ST3 interview.

Evidence of completion of training posts.

For non-training posts please provide a copy of the front page of your contract of employment which includes dates.

If the front page of your contract does not include both start and finish dates other evidence will be required to confirm duration of post e.g. Letter from HR/Head of Service/Supervising Consultant.

**What is your highest postgraduate qualification?**

**Notes:**

**EXCLUSIONS:** MD (as a basic medical degree, equivalent to MB BS) and MS (where not requiring completion of a thesis, or where thesis contributes < 50% marks).

Non-UK higher degrees should be stand-alone qualifications, not integral to primary medical qualification, with regulations equivalent to the relevant UK qualifications

Intercalated degrees do not count.

You will be scored using the matrix below:

Option	Points	Notes
PhD or MD by research (can include non-medical related qualifications)	7	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.  A majority of the time during the period should have been dedicated to research rather than clinical training.  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>
Masters level degree eg MSc, MA, MRes, MPhil, MCh, etc. (can include non-medical qualifications)	3	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.  You cannot claim this option for qualifications which are gained as part of a programme where a substantial amount of time was spent in clinical training.  Peer reviewed PhD/MD theses (as above) which have been submitted, but not yet awarded, will be counted in this category.
Other relevant postgraduate diploma or postgraduate certificate.  Qualifications unrelated to medicine cannot be claimed for in this option.	1	You can claim this option for an MD or masters degree (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. These qualifications typically last between one and ten months (whole-time equivalent).  It is not permissible to claim points for partially completed qualifications - eg 1 year of a three-year degree.  For a qualification to count, the eligibility criteria must specify that only graduate entrants can apply.
None/other	0	

**2) What is your highest postgraduate qualification?**

**Maximum score: 7 points**

**Evidence to upload:**

Copies of degree certificates / thesis & submission

**What are your two best publications since leaving medical school?**

**Publications will only be accepted if a full citation (including PMID number) is provided.**

Impact Factors are listed in the most up to date [Web of Science factor list](#). Impact Factors from other sources will not be considered.

Legitimate journals that fall outside this list will be considered by the panel.

'Formally accepted' papers will be counted.

Books must have an ISBN number (books related to exam revision or interview preparation courses will not count).

Citations must be in ANSI/NISO Z39. 29-2005 (R2010) Bibliographic References standard (used in PubMed).

Each publication will be scored using the matrix below:

Option	Points	Notes
First author of an original research publication with a PMID number and an Impact Factor $\geq 2.5$	6	
First author of an original research publication with a PMID number and an Impact Factor between 1.0 - 2.5	4	
Co-author of an original research publication with a PMID number and an Impact Factor $\geq 1.0$	3	
Author of a chapter in a book related to medicine in its broadest sense (this does not include self-published books)	3	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
First author, joint-first author, corresponding author or co-author of a PubMed-cited other publication such as editorials, reviews, case reports, letters, published abstracts	1	
None/other	0	

**Evidence to upload:**

Publication 1 citation

Publication 2 citation

(Acceptance letters for 'formally accepted' publications.)

**3) Publication 1:**  
*Maximum score 6*

**4) Publication 2:**  
*Maximum score 6*

Have you been involved in any published collaborative research?

5) Include a full citation (format as above) for each one, including PMID number.

Steering committee	= 2 points
Site lead / Local collaborator/data collection	= 1 point
None	= 0 points

Maximum score: 2

**Notes:**

Must be part of a recognised collaborative group (eg Integrate)

**Evidence to upload:**

PMID number

Acceptance letters for 'formally accepted' publications.

Evidence of level of involvement

**What are your two best audits or quality improvement projects since leaving medical school?**

Audits will not be considered without a supporting, completed audit form and evidence of presentation.

**Evidence to upload:**

Audit form 1

Audit form 2

**One audit form per audit**, signed by the audit supervisor & stamped by the hospital. Your audit form will be used to judge your level of involvement. The forms are available on Oriel.

Evidence should also be provided that the audit has been presented (eg letter from audit department)

Where it is not possible to obtain a *stamped* audit form, the evidence must be supported by an email from the supervising consultant explicitly confirming the candidate's role in the audit, number of loops completed and date of presentation.

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. Examples include thromboprophylaxis, post-tonsillectomy bleed, hospital notes.

Each audit/QI project will be scored using the matrix below:

Option	Points	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.	3	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.	2	For example, you participated in all stages of a PDSA cycle (or similar) or were involved in planning, data collection, data analysis and change, as well as a further cycle. 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</b> aspects of a <b>single cycle</b> QI project	1	For example, you were only involved in data collection in a multi-cycle project OR 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	0	

**6) Audit 1:**  
Maximum score: 3

**7) Audit 2:**  
Maximum score: 3

**Summarise your two best presentations since leaving medical school.**

Include mode of presentation (oral/poster), meeting title and type (International/National/Regional). Maximum 150 words per summary.

**Notes:**

**National** means that participation is routinely extended to, and accepted by, anyone in the country; as implied, **international** means participation extends beyond this.

Examples of International / National meetings BACO, American Academy, IFOS, ERS, EUFOS, ORS, BRS, BAPO, ENTUK H&N, BLA, BSO, RSM, BAHNO, WORLA. Please note that local or regional meetings that occur abroad will not be recognised as an international meeting.

**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. For the purposes of ENT National Selection, Scotland, Wales and Northern Ireland are training regions, rather than countries.

Examples of Regional Meetings, SWLA, SWEAM, North of England, MIO, Semon Club, Toynbee Club (after 2019).

**Local** means participation is confined to a local hospital (or a recognised cluster of hospitals) or university setting.

Accepted presentations / posters that have not yet been given will not be counted.

Presentations must be original work (e.g. teaching presentations will not be accepted)

Equivalent online Meetings / Conferences will be considered at the discretion of the Assessment and Appeals Panels.

Each presentation will be scored using the matrix below.

**Evidence to upload:**

Summary of presentation 1

Summary of presentation 2

Certificate for each presentation. No other evidence (eg presentation slides) will be accepted.

Option	Points
I presented an <b>oral presentation</b> in which I was a first or second author at a <b>national or international</b> medical meeting	6
I presented an <b>oral presentation</b> in which I was a first or second author at a <b>regional</b> medical meeting	3
A <b>poster</b> in which I was a first or second author was shown at a <b>national or international</b> medical meeting	2
A <b>poster</b> in which I was a first or second author was shown at a <b>regional</b> medical meeting	2
None/other	0

**8) Presentation 1:**  
*Maximum 6 points*

**9) Presentation 2:**  
*Maximum 6 points*

### Surgical logbook

**Notes:**

'Performed' means coded P, S-TU, S-TS in the ISCP/E-Logbook.

Scoring for each group of procedures below:

- 0-4 procedures = 0 points
- 5-9 procedures = 1 point
- 10-14 procedures = 3 points
- ≥15 procedures = 5 points

A maximum of 2 simulated cases will be permitted in each category.

**Evidence to upload:**

Validated ISCP / e-logbook summary sheet demonstrating cases and numbers. Please ensure cases to be considered are highlighted in a way that makes it easy for the assessor to know which cases you wish to be considered for each category.

**10) How many times have you performed any of the following ear procedures: insertion of grommets, myringotomy, removal of grommet?**

- 0-4 procedures = 0 points
- 5-9 procedures = 1 point
- 10-14 procedures = 3 points
- ≥15 procedures = 5 points

**Maximum 5 points**

**11) How many times have you performed any of the following nose procedures: nasal polypectomy, septoplasty, FESS, reduction of fractured nose (GA or LA), drainage of septal abscess/haematoma, EUA nose & cautery (GA), reduction of inferior turbinates, adenoidectomy?**

- 0-4 procedures = 0 points
- 5-9 procedures = 1 point
- 10-14 procedures = 3 points
- ≥15 procedures = 5 points

**Maximum 5 points**

**12) How many times have you performed tonsillectomy?**

- 0-4 procedures = 0 points
- 5-9 procedures = 1 point
- 10-14 procedures = 3 points
- ≥15 procedures = 5 points

**Maximum 5 points**



**13) How many times have you performed any of the following throat or neck procedures: direct pharyngoscopy (GA), direct laryngoscopy (GA), panendoscopy, tracheostomy, neck node biopsy, excision of skin lesion?**

- 0-4 procedures = 0 points
- 5-9 procedures = 1 point
- 10-14 procedures = 3 points
- ≥15 procedures = 5 points

**Maximum 5 points**

**14) How many times have you performed any of the following emergency procedures: EUA and removal of foreign body (ear, nose, pharyngo-oesophageal, laryngotracheobronchial) under GA, incision & drainage of neck abscess, arrest of post-tonsillectomy bleed, drainage of pinna haematoma/abscess, repair of pinna laceration?**

- 0-4 procedures = 0 points
- 5-9 procedures = 1 point
- 10-14 procedures = 3 points
- ≥15 procedures = 5 points

**Maximum 5 points**

#### Postgraduate Medical Teaching Experience / qualifications

**15) Have you been involved in medical teaching / training delivery?**

- As principal organiser of relevant course (which has already run by the submission closing date) = 4 points
- By contributing to course as faculty member = 2 points
- None = 0 points

**Maximum score: 4 points**

**Notes:**

Online courses will be considered.

**Evidence to upload:**

Signed letter of support from a consultant supervisor (or equivalent) clearly stating the nature and level of your involvement.

**16) Do you have a qualification in medical education?**

- Postgraduate Diploma (PGDip) in education (minimum 120 credits) = 2 points
- Postgraduate Certificate (PGCert) in education (minimum 60 credits) = 1 point
- None = 0 points

**Maximum score: 2 points**

**Notes:**

MSc in education may score 2 points here if not already used in question 3.

**Evidence to upload:**

Copy of certificate.