

# IMT Recruitment 2021 Round 1 – COVID-19 contingency arrangements

Version	Date	Summary
1.0	8 January 2021	Initial version – details about uploading evidence.
2.0	21 January 2021	<ul style="list-style-type: none"> <li>Section 2.1 – investigating additional capacity</li> <li>Section 2.3 – timetable for contingency plan added</li> <li>Section 3.4 – Serious concerns about probity added</li> <li>Sections 4.1, 5, 6, 7 &amp; 8 added</li> </ul>

## 1 Introduction

The escalation of the COVID-19 pandemic has had an adverse impact on clinician availability for the physician specialties planned recruitment process, both for interviewers and interviewees. Therefore, we have had to make the difficult decision to cancel all IMT interviews in this round and revert to the previously agreed and published [contingency plan](#).

This decision has been made by the four UK Statutory Education Bodies. The Joint Royal College of Physicians Training Board (JRCPTB) and junior doctor representatives from the British Medical Association Junior Doctors Committee (BMA JDC) and Academy of Medical Royal Colleges (AoMRC) trainees' committee were included in discussions leading up to this decision.

The purpose of this document is to provide detailed guidance for candidates on what the change to the process entails and what you will need to do. All the information available has been published, candidates will be emailed if there are any changes and this document is updated.

We have worked with trainee representatives in the specification of the assessment criteria for IMT. We are committed to delivery of a fair and accessible recruitment process and we will provide as much support as possible for candidates to navigate the revised recruitment process.

## 2 Contingency plan summary

### 2.1 Who will be assessed in the contingency plan?

You will be considered in the contingency plan if you are in one of the following groups:

- Candidates who have been invited to and booked onto interview.
- Candidates who were on the shortlist reserve list and have a self-assessment score of 11 or higher; you will have been emailed if this applies to you to confirm you will be considered.

You will not be able to be considered if any of the following applies to you:

- Candidates not successful at the longlisting stage.
- Candidates withdrawing their application.
- Candidates withdrawn due to not booking onto interview.
- Candidates on the shortlist reserve list who have scored 10\* or less in their self-assessment.

\*We are investigating whether there is additional capacity to interview more candidates from the reserve list. An assessment will be made in mid-February and candidates will be updated if their application is able to be assessed. In the interim, those on the reserve list have been advised to upload evidence by the 25 January deadline if they wish to have a chance to be considered should additional capacity become available.

### 2.2 Assessment methods

Applications will be assessed in two main ways: verified self-assessment and application form review. Below is a summary of what will be entailed with more information in the corresponding section.

#### 2.2.1 Verified self-assessment

Candidates will be required to provide evidence to support the [self-assessment achievements](#) claimed in the application form. The deadline for uploading this is **12pm (midday) on Monday 25 January 2021**.

##### *Key points*

- Self-assessment scoring will be verified by a clinician based on the evidence submitted; this could lead to scores being increased or reduced.
- A percentage of the score will be used in the total score used for ranking and offers.
- All domains will be included in the total score, with no weighting applied to individual domains and no domains require a minimum score to be considered appointable.
- However, a minimum verified overall score of 11 will be required to be considered for appointment, as this is the lowest self-assessment score of candidates progressing to this stage. This score will be reduced to the lowest score assessed, if capacity can be found to review more candidates from the reserve list.

#### 2.2.2 Application form review

Application forms will be reviewed and assessed on elements additional to the self-assessment. No additional information to that supplied on the form is required or can be accepted.

Scores will be awarded across a number of areas and these scores will be used to determine if an application can be considered for appointment and will contribute to the total score.

## 2.3 Timetable for contingency plan

The table below details the anticipated timeline for the contingency plan. You will be notified of any major changes.

Action	Timing
Evidence uploading	Until 12 pm 25 January
Evidence review	25 January - 23 March
Programme preferences available to select	25 March – 9 April
Confirm appointability and evidence verification feedback released*	Approx. 31 March
Appeals window	31 March – 8am 6 April
Outcomes from appeals confirmed	by 16 April
First offers	19 April
Holding deadline	1pm on 28 April (unchanged)
Upgrade deadline	4pm on 30 April (unchanged)

\* You will be notified whether or not your application can be considered for appointment, and have opportunity to appeal if you disagree with any scores awarded in evidence verification. More information about the appeals process is found in [section 8](#).

### 3 Evidence documentation

This section details the requirements for loading documentation and how this will be used when self-assessment is verified.

It is very important that you upload documents within the key principles detailed. This is a key component of the process and uploading evidence should be treated with the same degree of care as if a physical folder were being presented at interview.

Well-presented and organised documents will enable assessors to give maximum credit for your achievements, whilst poorly organised or incomplete evidence could impact negatively on your application.

#### 3.1 When do documents need to be uploaded by?

Documents must be loaded to the evidence document system **by 12pm (midday) on Monday 25 January 2021**.

#### 3.2 Where do I upload my documents?

All documents are uploaded to a different system to the Oriel application system. This is the same system used by other specialties and so you may already have logged in should you have applied to a specialty using self-assessment. This can be accessed via this link: <https://sa-verification.hee.nhs.uk/>.

- Click the password reset link.
- Enter the email address that you used to register with Oriel.
- You will be sent a link to reset your password. Please check your spam/junk folders and remove any email filters to ensure it is received. If you have not received this within 20 minutes of trying to reset your password, please follow the password reset process again. If you have tried to reset your password three times within a one-hour period without success, please contact the [Physician Specialty Recruitment Office](#).
- Upon receipt of the email, follow the instructions to reset your password.
- You can then use this to login and start uploading your evidence.

#### 3.3 Guidance for using the evidence portal

All evidence **must** be uploaded in PDF, JPEG or PNG format and the maximum file size is 28MB. Details of how to convert files to a PDF can be found in the portal user guide.

The guide also covers details of how to upload evidence within the portal; the guide is available on the following link: <https://specialtytraining.hee.nhs.uk/Resources-Bank> ('Self Assessment Evidence Portal - Applicant Guide.pdf' near the bottom of the page).

### 3.4 Key requirements for uploading evidence

Please bear in mind the following key requirements when uploading evidence:

- It is expected that you will provide evidence for all achievements for which you have scored yourself.
- You must not upload evidence for achievements completed after the submission of your application form.
- Any achievement which is not corroborated with evidence will be scored as a 0 for that domain. This includes where evidence not written in English is unaccompanied by a certified translation.
- If an applicant provides **no evidence for three or more** of their scored achievements, they will not be considered for appointment. Without adequate evidence an adequate assessment cannot be made. However, this will not be considered a probity concern unless there is a specific reason.
- Although candidates will lose points for any achievements insufficiently evidenced, they will also not be considered for appointment if the presentation of evidence is sufficiently poor that it makes it difficult to verify their self-assessment. Any instances where a reviewer feels this is warranted will be reviewed by a clinical lead. Examples that will contribute to this decision include:
  - over-supplying evidence- well beyond what is required to justify the score, or the areas not requested as part of self-assessment
  - poor display of evidence, e.g. via incorrect 'tagging' of files, poor naming conventions, difficult to read documents. [Section 3.6](#) shows good and bad examples
  - serious concerns about probity due to persistent or blatant over-scoring on their application
  - serious breaches of patient-identifiable data in your evidence. Applicants must ensure patient-identifiable data is redacted and may also result in their employing trust being notified.
- Files types – only files in PDF, JPEG or PNG format will be accepted by the upload system.
- File size – the maximum file size is 28MB.

#### Application form

You are asked to upload certain sections of your application form along with your evidence as this will help assessors review your application. Sections include: Employment History, Evidence, and Supporting; there is no need to upload any other parts of the form. The [user guide](#) details how to download this from Oriel.

If you have any issues with the format of the form once downloaded, please try another browser; latest versions of Chrome, Microsoft Edge and Firefox are recommended.

### 3.5 Tips when supplying evidence

Interviewers will need to verify your evidence in a short time so please keep the below in mind when organising your evidence, to present yourself in the best possible light:

- Only evidence supporting each of the claimed achievements should be uploaded. There is no requirement to upload any additional documents or achievements if they are not directly related to the scoring domain where points are being claimed.
- Only sufficient evidence should be provided to justify the scores awarded; the [application scoring](#) area of the website gives examples of documents that could be used for each domain. For example:

- If you have completed a national presentation, you should not include evidence for other presentations.
- If you have written a book, you do not need to upload the whole book, just sufficient pages so interviewers can verify your achievement.
- Evidence of training courses or areas noted in your commitment to specialty section should not be included unless they specifically relate to a scored option.
- Do not load separate pages of a document as separate files. Amalgamate them into a single PDF.
- If you have multiple documents to evidence a domain, these can be loaded as separate files if this makes it simpler to review. Ensure you name them clearly so reviewers can easily tell what has been loaded.
- When evidence is loaded, it needs to be tagged to the domain(s) to which it pertains. For example, if you have a presentation for which you have been awarded a prize, you can upload the presentation evidence once and tag it under both domains.
- Ensure the screen resolution of uploaded documents is sufficiently clear for them to be read.
- If you have any difficulties uploading your evidence, please contact the [Physician Specialty Recruitment Office](#) as far in advance of the deadline as possible.

### 3.6 Examples of evidence organisation

The following screenshots show good and bad examples of loaded documents and naming conventions.

#### Good example

#	Domain Tag	Evidence Title	File Name
1	Q3 Additional Achievements (prizes/awards)	QI Poster Prize Certificate - National Conference.	QI Poster Prize.JPG
2	Q4 Presentations/Posters	QI Poster & Certificate of Presentation at national conference (virtual conf. due to COVID)	QI Poster.pdf
3	Q5 Publications	QI Publication. second author. Impact Factor 28. PMID 394757	QI Paper in Journal Of Clever Medicine.pdf
4	Q8 Quality Improvement	QI Poster Prize Certificate - National Conference.	QI Poster Prize.JPG
5	Q8 Quality Improvement	QI Publication. second author. Impact Factor 28. PMID 394757	QI Paper in Journal Of Clever Medicine.pdf
6	Q8 Quality Improvement	QI Poster & Certificate of Presentation at national conference (virtual conf. due to COVID)	QI Poster.pdf
7	Q8 Quality Improvement	Study Proposal for Regional QI Project	QI Study Proposal.pdf
8	Q9 Leadership and Management	Letter confirming local leadership role during pandemic	Letter from St Elsewhere CEO.pdf

#### Bad example

#	Domain Tag	Evidence Title	File Name
1	Q4 Presentations/Posters	Talk on asthma	Doc5 copy 6.pdf
2	Q5 Publications	PaperPic	JournalPic.JPG
3	Q8 Quality Improvement	Audit certs	4be559e2-744b-44e9-8e58-d2c69a574f37 4.JPG
4	Q8 Quality Improvement	DrB	DrB.pdf
5	Q9 Leadership and Management	Leadership evidence - soz, not in English	Leadership thank you.JPG
6	Q9 Leadership and Management	DrB	DrB.pdf

## 4 Evidence verification

Once the document upload deadline has passed, your self-assessment scoring will be verified by a clinician based on the evidence that you submit; this could lead to your score being increased or reduced.

You cannot amend your application after submission should you have made a mistake on your application form; although evidence verification may see your score changed if your evidence justifies this.

In addition to verifying your evidence, you will also be assessed on the organisation and thoroughness demonstrated in compiling your evidence; these are key skills for any trainee.

On completion of the verification process, all candidates will be sent their verified score, together with the reviewer's feedback explaining any changes to score. There will be a short window of opportunity to appeal the decision where you disagree with the score awarded; the decision in the appeals stage will be final.

### 4.1 Organisation and thoroughness scoring

Although you will lose points for any achievements insufficiently evidenced, you could also see your application deemed not appointable in certain cases or miss out on the points awarded to well-organised evidence.

Score	Level	Anchor statement
1	Well-organised	<ul style="list-style-type: none"> <li>The supporting evidence for each statement is clearly identified, and in an appropriate format (to include translation of documents if necessary) that can be viewed by the assessor.</li> <li>Patient identifiable data is redacted.</li> <li>Excessive documents have not been uploaded for review; e.g. only documents which demonstrate the scored achievement, not uploaded documents irrelevant to any scored domain.</li> <li>Any issues with the evidence are felt to be minor.</li> </ul>
0	Not well-organised	The organisation of documents was poor, making assessment difficult. This includes, but is not exclusive to: inappropriate naming, poor tagging, multiple examples of over/under supply of evidence and less serious cases of patient identifiable data found in evidence.
0	Not appointable - No evidence	No evidence supplied for any domain.
0	Not appointable - No evidence for 3+ areas	Evidence for three or more scoring areas is not present (including where not translated into English).
0	Not appointable - Very poor evidence presentation	It is very difficult to find the documents needed to complete the review due to extremely poor presentation of evidence.
0	Not appointable - Probity issue	Incidences of persistent or blatant significant over-scoring in the self-assessment; you recommend this is reported to their responsible officer and potentially their regulator
0	Not appointable - Serious use of patient-identifiable data	This could be a single serious incident involving multiple patient details, or several minor incidences of identifiable details on single or multiple patients. The nature of depth of the details included will direct whether this appropriate, e.g. hospital numbers on their own are not likely to cause unappointability.



## 4.2 Timing for evidence verification

This will take place from after the upload deadline of 25 January until 23 March. Your application could be reviewed at any point during this time and it is not possible to specify when individual applications will be reviewed.

All candidates will be notified of the outcome on the same day, which is expected to be 31 March.

## 5 Application form review

This section covers the areas of the application form, aside from your self-assessment, on which you will be scored. The scoring matrix and criteria are included in each case.

### 5.1 Commitment to the medical specialties

Marking will take into consideration your stage of training, current access to training opportunities (i.e. due to COVID) and career history.

Commitment will be assessed by taking account a range of activities or experiential learning either in or outside a training scheme. Credit could be given for QI or audit activity, presentations, publications or taster days undertaken where a candidate can demonstrate how this would relate to working in a medical specialty or internal medicine.

Score	Level	Anchor statement
5	Above Expectations	Demonstrates a high degree of commitment to medical specialties, with a broad range of activities or experiences undertaken commensurate with the doctor's stage of training.
3	Meets Expectations	Demonstrates an acceptable level of commitment to medical specialties, undertaking some activities or experiences either in or outside of their programme placements. For example, a candidate may have completed one or two activities that would demonstrate their commitment to medicine.
2	Below Expectations	Little demonstration of commitment to medical specialties. Although a candidate may express their commitment in white space text there is no evidence of activities undertaken that would demonstrate this commitment.
0*	Not appointable	No demonstration of commitment to medical specialties. The candidate is unable to express any commitment to internal medicine or medical specialties.



## 5.2 Written communication/evidence of thoroughness

The focus of this area is an ability to communicate clearly in a written format, as well as demonstrating attention to detail in the preparation of your application form. It is not an assessment of literary ability. Allowances will be made for things like Americanised spellings and where grammar is not perfect, although it should neither be sloppy nor show poor attention to detail.

Score	Level	Anchor statement
3	Good	<p>The free text responses are clear and easy to understand. There is a logical structure to the response that makes sense and answers the question posed. There should be few spelling or typographical errors, and grammar is used appropriately.</p> <p>The text and structure of the response suggests that the candidate has the skills to write good quality clinical communication e.g. a handover document or outpatient clinic letter.</p>
1	Satisfactory	<p>Responses are reasonably clear and easy to understand, but often not well structured, excessively wordy or not directly related to the question posed. Spelling and grammar are generally okay, with any issues being relatively minor.</p> <p>Some monitoring of clinical communications might be warranted.</p>
0*	Not appointable	<p>The free text responses make little sense, have inadequate structure and do not relate to the question asked.</p> <p>Multiple spelling or typographical errors such that you feel the ability to communication in a clinical environment would be seriously impaired.</p>

### 5.3 Continuing professional development

As with commitment to medical specialties, marking will take into consideration your stage of training, current access to training opportunities (i.e. due to COVID) and career history.

The training courses section of their form will inform the mark for this area. However, other activities and experiences described in other sections of the form which demonstrate continuing professional development will be taken into account. The higher marks require activities which are relevant to a career in medical specialties and for which additional effort in obtaining is demonstrated, beyond the usual training readily available to all doctors at the same career stage.

Examples include the training in teaching section and the question 'What have you done to prepare for an internal medicine training programme?' where other examples of directed or relevant CPD may be found.

Activities which should not be included in the assessment include: MRCP(UK) (or equivalent membership diplomas), mandatory training such as equality and diversity or basic life support training.

Score	Level	Anchor statement
5	Above expectations	Substantial evidence of courses or activities relevant to medical specialties for their career stage of training.
3	Meets expectations	Evidence of courses or activities relevant to medical specialties, over and above the mandatory or offered training commensurate with their career stage.
2	Below expectations	Some evidence of courses or activities commensurate with their stage of training. Activity is likely to have limited relevance to medical specialties.
1	Little or no evidence	Little or no evidence of courses or activities.

## 5.4 Self-reflective practice

This area looks purely at the 100-word limit self-reflective practice section of your form and scores the use of effective reflective practice to improve professional performance. It should ideally identify a personal need in current practice and a subsequent development plan. This is about improving current practice/skills/ability, rather than obtaining new areas required by the curriculum; for example, identifying the need to improve a procedural skill, rather than acquire one.

Reflection on good performance is accepted if it demonstrates a considered approach to future behaviour/skills. Issues which are not about personal development, e.g. team/colleague related issues, should only score a 1.

Score	Level	Anchor statement
3	Good	Demonstrates identification and analysis of a personal development need that impacts on their own professional performance, with a plan to address. If a positive attribute identified, needs to show that reflection has significantly influenced their working practice.
2	Satisfactory	Some demonstration of identifying and analysis of a personal development need that impacts on their own professional performance. Consideration of planning to address the issue may have been described.
1	Below expectations	No identification of an appropriate personal developmental need (e.g. departmental issues or weaknesses of colleagues) OR identifies a personal need but does not demonstrate analysis or planning.

## 5.5 Multi-professional teamwork

This area looks purely at the 100-word limit multi-professional teamwork section of your form and scores the demonstration of effective teamworking.

Applicants were advised to refer to 360-degree feedback received within the last two years, if applicable, and the highest score requires use of an appropriate methodology; multi-source feedback achieving similar ends to a '360' are acceptable.

Marking will also consider whether you have referred to possessing teamworking skills.

Score	Level	Anchor statement
3	Good	Describes effective team working, evidenced by the use of an appropriate 360/multi-source feedback methodology.
2	Satisfactory	Describes effective team working, evidenced from formal feedback mechanisms, but not using 360/multi-source-feedback methodology.
1	Below expectations	Only refers to informal/anecdotal feedback and/or no demonstration of effective team working.

## 6 Overall scoring

The table below details how the total score will be calculated.

Area	Max raw score	Weighting	Max weighted score
<b>Self-assessment</b>			
<b>Verified self-assessment</b>	<b>58</b>	0.69	<b>40</b>
Organisation	1	5	5
<b>Application form review</b>			
Commitment to specialty	5	4	20
Communications	3	2	6
CPD	5	1	5
Self-reflective practice	3	4	12
Teamwork	3	4	12
<b>Raw total (inc. organisation)</b>	<b>20</b>		<b>60</b>
<b>Appointable score</b>	<b>12</b>		
<b>Overall</b>			<b>100</b>

## 7 Appointability

As per the IMT interview process, there will be a criterion referenced system for calculating appointability. This is based on a minimum performance in certain domains and overall.

However, this will be reviewed upon completion of application form assessment to check that scoring is in line with expectations. This could raise or lower the appointability threshold.

A candidate is not appointable if:

Area	Criterion
Self-assessment	Their verified self-assessment is lower than the lowest score progressing to assessment (currently 11).
	Evidence not presented/translated for three or more areas
	Evidence is very poorly presented
	Serious probity or patient identifiable data concerns
Application form assessment	Score a 0 in 'Commitment to medical specialties'
	Score a 0 in 'Written communication/evidence of thoroughness'
	The raw score for the application review and evidence organisation mark (out of 20) is less than 12

## 8 Confirming scores and appeals process

Once all applications have been assessed, scores across all candidates will be assessed and the criteria to be considered for appointment will be confirmed.

Following this, your scores will be processed and you will be written to and notified whether your application will:

- **Be considered for appointment** – you will be sent your score sheets as well as being able to view your scores in Oriol. If you disagree with any of the scores from evidence verification you will have a window to submit an appeal.
- **Not be considered for appointment** – you will be sent your score sheets but you cannot appeal the decision unless it falls within the [national complaints and appeals policy](#); disagreeing with a decision is not grounds for an appeal.
  - The only exception is if your self-assessment score has been downgraded below the minimum score required for appointment and you otherwise meet the criteria for appointment. In this case you can appeal if you think your self-assessment has been incorrectly scored.

It is anticipated that you will be notified on approximately 31 March 2021.

### 8.1 Submitting an appeal

Appeals will be submitted via an online form; the link will be sent with the confirmation of outcome email.

- You can only appeal against verified self-assessment scores.
- You cannot appeal against any other scores awarded as part of the process.
- Only the evidence originally uploaded can be considered, no additional evidence can be submitted.

### 8.2 Appeals review

Your application will be reviewed by a senior consultant who will review your appeal, your application and evidence, and decide whether your score should change.

Outcomes of appeals will be annotated onto the original score sheet.

Once appeals have been completed all candidates being considered for appointment will be emailed their confirmed score and score sheets and their national ranking, which will be used in the offering process. If you submit an appeal you will be able to see from the score sheet, and your confirmed scores, whether your appeal was successful.

The outcome of the appeals process is final and no further appeals will be considered.