

Changes to the application scoring matrix for PSRO-coordinated recruitment for programmes starting from August 2025

Version	Date	Summary
1.0	22/12/2023	First version

This document shows changes to the guidance and application scoring matrix, scheduled to be introduced for recruitment to posts starting from August 2025, 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.

Domains were reviewed between September and November 2023 by clinical leads from PSRO-coordinated specialties with trainee representation from the physicians' royal colleges. It was agreed that any substantial changes would be delayed until 2025 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.

The main change is the removal of the 'additional achievements' and 'leadership and management' domains. Although these are being removed from the self-assessment scoring, the application form will continue to give opportunity to highlight achievements in these areas so that interviewers can be made aware.

Rationale for changes

Self-assessment verification is a resource intensive element of the process and requires a substantial amount of candidate and assessor time to complete. The guiding principles of the review were based on ensuring that the inclusion of a domain added significantly to the discrimination between candidates:

Each domain was considered on a number of factors:

- **Ability to evidence achievements** – some areas have proven difficult to evidence, which has made it more difficult to objectively assess an achievement. This substantially increases the time required to complete verification and increases the risk of divergent assessments of the same achievements.
- **Quality control of achievements** – a foundation of most self-assessment options is that there has been vetting of the work before it can score points. For example, PubMed citation, a conference organiser reviewing an abstract or a qualifications board confirming standards have been reached for the award.
- **Equity of access** – two of the scoring options for the additional achievements domain are not possible for most applicants once they graduate and some medical schools do not confirm a percentage eligible for an award or give an award at all.

Summary of changes

The table below summarises the main changes from 2024 recruitment:

Domain	Summary	2024 max points	2025 max points
Postgraduate degrees	<ul style="list-style-type: none"> Whilst teaching qualifications continue to be excluded from this domain, it has been clarified that qualification relating to the field of education more broadly can be claimed in this section, if it meets the criteria for that scoring option. 	4	4
Additional achievements	<ul style="list-style-type: none"> Domain is being removed 	3	0
Presentations	<ul style="list-style-type: none"> One point reduction to most of the options. Changes to guidance around the requirements for a presentation/poster to qualify and evidence needed. 	7	6
Publications	<ul style="list-style-type: none"> No change 	8	8
Teaching experience	<ul style="list-style-type: none"> Amendments to the guidance on the evidence required to demonstrate feedback and your specific role in the organisation of a teaching programme for the highest scoring option. One point reduction for the top-scoring option. 	6	5
Training in teaching	<ul style="list-style-type: none"> The highest scoring masters-level option has been removed, these can now be claimed in the postgraduate section if they are related to education more generally rather than being teaching focussed. Points increase from 2 to 3 for a higher qualification in teaching, such as PG Cert or PG Diploma. The guidance on the requirements for this type of qualification have been strengthened. The guidance on the one-point option has been amended to specify that the training must have included a minimum of six hours (one day) of synchronously delivered teaching; (i.e. being taught live by a teacher) 	3	3
Quality improvement	<ul style="list-style-type: none"> One point reduction for the top-scoring option. 	5	4
Leadership and management	<ul style="list-style-type: none"> Domain is being removed 	4	0
MRCP(UK)	<ul style="list-style-type: none"> No change 	8	8
Total		48 (40 for IMT)	38 (30 for IMT)

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 (e.g. PG Cert, PG Dip etc.) should not be scored for in this section and should instead be included in the Training in Teaching section. However, qualifications relating to the field of education more broadly can be claimed in this section, if they meet the criteria for that scoring option.

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: Where possible 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)	4	<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 e.g. MSc, MA, MRes, etc. (can include non-medical qualifications). Typically lasts 8 months or longer, full-time equivalent	3	<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 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, with significant overlap in capability attainment with Internal Medicine Stage 1.</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 (e.g. MRCPCH, MRCPI) to which you are applying. Qualifications unrelated to medicine cannot be claimed for in this option.	1	<p>This option is for relevant postgraduate courses / modules - e.g. 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).*</p> <p>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.</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	0	<p>This space is for you to mention anything which you think is of relevance, but which cannot be categorised above.</p> <p>Please note that entries under this option do not gain marks at the application stage, 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

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 (BST) and the MRCPI, or you are eligible for the GMC specialist register in general internal medicine, you should select the top option if you have fully completed this at time of application. If you cannot demonstrate the full criterion at time of application, you cannot gain any points in this domain and must select the bottom option; this includes completion of the MRCPI without full sign off from Irish BST.

College membership - If you hold membership or fellowship of one of the three UK colleges of physicians (Edinburgh, Glasgow and London), without having completed the MRCP(UK) diploma, this **does not qualify** for the examination criterion and you are not eligible on this basis or able to score points in this domain.

Examples of evidence

- **MRCP(UK)/alternative UK college examination** - This should ideally be your certificate confirming completion of the full MRCP(UK), or evidence of completing individual components of the examination, such as letter from the relevant college. If you do not have either of these, a screenshot from your My MRCP(UK) account (or alternative specialty if applicable) is acceptable, provided that it clearly shows what you have completed, and your name, so it is clear it is your account.
- **Eligibility for the specialist register in GIM** - You will also need to upload evidence to your application form; this could be via a screenshot of the GMC specialist register or a scan of the letter from the GMC.
- **Irish Basic Specialty Training in medicine** - This will usually be via the certificate awarded by the Royal College of Physicians of Ireland; a certificate demonstrating completion of the MRCPI is insufficient without the certificate confirming completion of BST.

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 can be claimed in this section?

Whether it is a presentation or a poster, your achievement should include delivery of novel data; e.g. research, a complex clinical case or a quality improvement project. This section should not include presentations primarily aimed at teaching.

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.

What is a presentation?

'Presentations' referred to here are oral presentations, with or without slides, attended synchronously by 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. This does not include oral poster presentations, which are scored under separate options.

Posters

To claim for a poster, you should have had significant involvement in the underlying research and compilation of the poster (first or second author). You need not have personally presented the poster; however, there must have been a defined opportunity for discussion during the conference/meeting at which it is displayed.

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 oral presentation in which I was a first or second author was given at a national or international medical meeting	6	International/national meetings should involve a document listing the abstracts of the presentations and posters included at that meeting. National meetings must be open to anyone in the country and international meetings must be open to anyone from a range of countries. For the purposes of scoring in this section, the home UK nations will be treated as separate nations. For example, a presentation at a Scotland-wide medical meeting will be considered as a national presentation.
A poster in which I was a first or second author was shown at a national or international medical meeting	4	As above
An oral presentation in which I was a first or second author was given at a regional medical meeting	3	Regional means that participation is confined to, for example, a county, medical training region, health authority, or beyond a recognised cluster of hospitals; for example, in the UK a multi-site trust or health board would count as local rather than regional.
An oral presentation in which I was a first or second author was given at a local medical meeting	2	Local usually means participation is confined to a single local hospital, trust, health board or university.
A poster in which I was a first or second author was shown at a regional or local medical meeting	2	See the options above for notes about what regional/local entails.
None/other: please specify	0	<p>This option can be used for anything else you think is relevant that cannot be categorised above, including presentations not yet delivered.</p> <p>Please note that entries under this option do not gain marks at the application stage, but may be one of the factors taken into account by interviewers when deciding upon their interview scoring.</p>

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 - i.e. 'in press'.

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

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 (e.g. Developing the Clinical Teacher or Teaching Observation form) or that there has been collection and analysis of participants' feedback forms with a summary of the feedback. If your teaching experience does not have evidence of feedback, you will only be able to choose the 'none/other' option; although you will be able to describe your experience on your application form.

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 with a summary of the findings from attendee feedback forms, followed by the attendee's forms.

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 and your specific role in the organisation and delivery of the programme
- 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.

Training in teaching

Training can only be included in this section if it was specifically focused on teaching. Qualifications and courses about education more generally can be included in the 'Postgraduate qualifications' section, if the course meets the requirements for any of the scoring options.

Examples of evidence

Training in teaching: where possible you should be able to show your qualification certificate. Where you do not have access to it, a letter from the awarding body confirming attendance on the course or completion of the qualification will suffice. You will need to provide a course outline which confirms the duration and how the programme is delivered.

Teaching Experience

Teaching Experience		
Option	Score	Notes
I have worked with local tutors to organise a teaching programme (a series of sessions) for healthcare professionals or medical students on which I regularly taught over a period of approximately three months or longer. I have evidence of formal feedback .	5	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'/' Teaching Observation ' form.
I have provided regular teaching for healthcare professionals or medical students, as part of a defined programme/course, over a period of approximately three months or longer. I have evidence of formal feedback .	3	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'/' Teaching Observation ' form.
I have taught medical students or other healthcare professionals occasionally . I have evidence of formal feedback .	1	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	0	<p>This option can be used for anything else you think is relevant that cannot be categorised above.</p> <p>Please note that entries under this option do not gain marks at the application stage, but may be one of the factors taken into account by interviewers when deciding upon their interview scoring.</p>

Training in Teaching

Training in teaching		
Option	Score	Notes
I have a higher qualification in teaching e.g. PG Cert or PG Diploma.	3	For a qualification to count, it must be a university accredited programme, the eligibility criteria must specify that only graduate entrants can apply, and be worth an equivalent of least 60 credit points or equivalent; the Quality Assurance Agency for Higher Education and the EC European Education Area have guidance about credit points
I have had training in teaching methods which is below the level of a PG Cert or PG Diploma	1	This should be additional to any training received as part of your primary medical qualification. Training should be delivered with a duration of at least six hours (i.e. a one-day course) of synchronous (live) teaching time.
I have had no training in teaching methods.	0	

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.

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 all aspects of two cycles of an original QI project where you can demonstrate a leadership capacity by supervising other members of the team	4	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 all aspects of two cycles of a QI project	3	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. 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 one aspect of a completed, multi-cycle QI project OR involvement in two or more aspects of a single cycle 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: please specify	0	This option can be used for anything else you think is relevant that cannot be categorised above. Please note that entries under this option do not gain marks at the application stage , 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 all stages of two cycles of a quality improvement project	4	<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	3	<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 some stages of a single cycle of a quality improvement project	1	<p>For example, you were involved in data collection and analysis or a project that didn't implement any change.</p>
none/other: please specify	0	<p>This option can be used for anything else you think is relevant that cannot be categorised above.</p> <p>Please note that entries under this option do not gain marks at the application stage, but may be one of the factors taken into account by interviewers when deciding upon their interview scoring</p>