2026 Intensive Care Medicine Recruitment: Self-Assessment Applicant Guidance

The self-assessment is your opportunity to demonstrate how your previous experience and achievements demonstrate your suitability for a career in Intensive Care Medicine. The evidence you upload to support your self-assessment score in each domain will subsequently be assessed and verified by a Consultant Intensivist who has been trained as an assessor.

At time of application, you will have provided a self-assessment score.

For the August 2026 recruitment we will continue to hold the interviews online. To be offered an interview slot an applicant must score 12 or more points on the Self-Assessment. If application numbers far exceed the interview capacity further shortlisting may be required.

Significant changes came into effect for the recruitment 2023, these were continued for 2024, 2025 and will continue for 2026. Following the decision by The Medical and Dental Recruitment and Selection Programme Board (MDRS) we have removed additional undergraduate degrees (including intercalated) and named courses. This decision was taken due to the inequity of access to these opportunities either due to financial reasons or because not all medical degrees offer the chance for intercalated study.

Assessor verification of scores

The assessor will verify the evidence you provide to justify your score in each domain. You can only be credited with points if the person verifying your score can see the evidence and understands how it demonstrates you meet the criteria listed, so please check you have uploaded everything necessary and that it is legible. No more evidence can be uploaded in case of an appeal.

The self-assessment portfolio has been developed and refined over several years with adaptions made each year according to feedback from both applicants and assessors from the previous round but inevitably there will be times where it is difficult to definitively decide how many points to award for a particular domain. There is the opportunity to support your own assessment for each domain when uploading your evidence to the portfolio and the interviewer will be able to read this when verifying your scores. On some occasions, the interviewer may elect to award more points than you have allocated and in some cases the score may be adjusted downwards if the interviewer feels this is necessary.

After the document upload window has closed, you will have the opportunity to provide feedback on the portfolio self-assessment domains and scoring for us to review. Whilst this will not alter the scoring matrix for this year's recruitment process, your feedback and comments are welcome and will be taken into consideration when reviewing the scoring matrix in future recruitment rounds.

Requests for review

If your verified score is less than the self-assessment score you submitted you will be entitled to ask for a review (this does not include the global rating allocated by the assessor). Your portfolio self-assessment will be reviewed and re-assessed by a different assessor, and the higher of the two scores (either from the original or the new assessor) will be used. You will be informed of the outcome of this.

Probity

Please ensure the information you provide is accurate and true to the best of your knowledge. Any evidence to indicate probity concerns may jeopardise the rest of your application for ICM training and could also result in notification to NHS England, the General Medical Council or other relevant professional organisations.

Assurance

As a group of practicing Consultant Intensivists, we have devised this self-assessment as a way for you to highlight your strengths and demonstrate your suitability for training in Intensive Care Medicine. A large number of domains are covered, and it is unusual for a trainee to be awarded maximum points in many domains. Many successful trainees score zero in one or more sections: the mean score for applicants in the 2025 recruitment round was 24 out of a maximum of 44 points. The scoring system has been developed and adapted over the years to ensure it is as fair and transparent as possible.

We understand that the process of self-assessment and subsequent verification by remote assessors has introduced a degree of extra pressure and anxiety to what is already a stressful process. Please accept our assurances that we will assess every application in a fair and consistent way to ensure your achievements are appropriately recognised. To help ensure this process is as efficient as possible, we would be grateful if you could carefully judge the evidence you upload and resist the temptation to submit an overwhelming amount of evidence – remember there are additional points allocated for the organisation and presentation of your portfolio evidence and a global impression from your application. In this additional domain, higher scores are likely to be awarded to those who have been careful to ensure only evidence that directly supports their self-assessment scores is presented.

Advice for Uploading Evidence

- You will be requested to upload evidence to Qpercom to support your self-assessment score. The evidence will be verified by an experienced clinical assessor.
- All the evidence to support the self-assessment score on your application must be provided
- Please clearly label your evidence and place in the correct domain
- Applicants will be given a global rating score for the portfolio by the clinical assessor, this will cover the aspects of organisation, planning and quality of the evidence
- Applicants will be marked down if evidence is difficult to find, not labelled and not clear to the assessor. Any evidence should be presented or translated into English including letters from supervisors
- Ensure the same name is used throughout your evidence. If you use 2 different names, make sure this is clearly explained i.e. birthname, married name etc
- **Do not change your self-assessment score from the one you submitted on your application at any point in the process. You may have gained additional evidence in a domain(s) between your initial application and the evidence upload window that you think may give you a higher score than you initially submitted. If this is the case, please upload the additional evidence and mention in the comments for that domain that you would like the assessor to consider upgrading your score based on your additional evidence**

Domains

There are 9 separate portfolio domains and a global rating score (allocated by the assessor):

	Domain	Maximum score
1.	Additional degrees & qualifications	4
2.	Additional achievements and prizes relevant to medicine	4
3.	Publications (excluding audit and publication of posters)	4
4.	Presentations (excluding teaching trainees/students)	4
5.	Clinical audit and quality improvement projects	4
6.	Teaching skills	4
7.	Progress through training and excellence	4
8	Achievements specific to ICM training	4
9	Leadership and management	4
	Global rating score (allocated by assessor)	8
	Total score	**44**

The global rating score is allocated by the assessor. This is a global assessment of your application and the portfolio evidence that you have provided.

Guidance on acceptable evidence

Note: *A single piece of work (e.g. audit project) cannot be credited in the presentation section and audit section, similarly a presentation which wins a prize cannot be credited in both the 'prizes' section and 'presentation' section so choose which section you wish the work to be credited. However, a large project (e.g. work for an MD) may generate a presentation as well as a qualification and be credited in both sections.*

Domain 1 – Additional qualifications

1. Additional qualifications	I have **no** additional degrees or qualifications	**0**
	I have a **partially completed** postgraduate qualification, that has not been used for application eligibility (e.g. MRCP part 1 as non-physician) *Note – Not including EDIC which is counted in Domain 8*	**1**
	I have a **full** postgraduate qualification, that has not been used for application eligibility (e.g. full MRCP for non-physician) *Note – Not including EDIC which is counted in Domain 8*	**2**
	I have a Masters level degree e.g. MSc, MPhil or equivalent **in addition** to time spent and qualifications gained as part of my original medical degree *Note - excluding qualifications scored in Domain 6 – Teaching skills or Domain 8 – Achievements specific to ICM training*	**3**
	I have a PhD or postgraduate MD (UK definition) - 2 years original research or equivalent **in addition** to time spent and qualifications gained as part of my original medical degree	**4**

- Exam certificates or official letters of results with the title of the qualification needs to be uploaded and legible to credit marks
- Educational qualifications at PG Certificate level are given credit in the teaching section (domain 6) and cannot also be counted in domain 1
- PhD/MD and other higher degrees: must be completed, examined and awarded to get the full 4 marks, incomplete qualifications could get the 1 year credit of 3 marks
- An MD will not be counted if it is awarded as a standard part of higher training and not undertaken as an additional piece of original research – the MD must be 2 years to the UK definition
- Eligibility for application for ICM training requires full MRCP (Parts 1, 2 and PACES) for physicians, MRCEM/FRCEM Intermediate for EM trainees and Primary FRCA for Anaesthesia core trainees, therefore these do **not** count as additional qualifications for applicants from those specialties. Only additional qualifications score e.g. full MRCP for an anaesthetic or EM core trainee
- Only **fully completed** qualifications should be counted for 2 points
- Final FRCA would score 2 points here if the trainee is in anaesthesia ST3/CT2/CT3 (as the minimum exam requirement for anaesthetic trainees is the primary FRCA), in the same way full FRCEM for a trainee from an emergency medicine background would also score 2 points
- Additional ICM specific qualifications e.g. EDIC are counted in domain 8
- A **fully completed** diploma lasting one year could score 2 points in this domain

Domain 2 – Additional achievements and prizes relevant to medicine

2. Additional achievements and prizes relevant to medicine	I have **no** additional prizes or distinctions	**0**
	I have **one or more** poster prizes **OR** other undergraduate prizes	**1**
	I was awarded an overall **distinction / honours** in my original medical degree *(within top 18% of cohort)*	**2**
	I have a prize or award at postgraduate level by a **regional** medical organisation	**3**
	I have a prize or award at postgraduate level by a **national or international** medical organisation	**4**

- Please provide the prize certificate/citation or official letter from the awarding body
- Distinction in undergraduate degree means overall distinction/honours, not just in some modules
- National means that participation is routinely extended to, and accepted by, anyone in the country (this includes any of the UK home nations meetings e.g. a meeting run by the Scottish Intensive Care Society or Welsh Intensive Care Society). International means participation extends beyond this
- 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 distinction or honours for the original medical degree to score points it should have been awarded to **no more than** 18% of the cohort, certificate says ‘degree with distinction’ or equivalent. A summary of study modules where some are marked ‘merit’ or ‘distinction’ would not qualify for 2 points.

Domain 3 – Publications (excluding audit and publication of posters)

3. Publications (excluding audit, and publication of posters)	I have **no** publications or abstracts	**0**
	I have been **co-author** on one or more publications that are **NOT** PubMed-cited. This includes letters, e-publications, e-learning modules, case reports etc.	**1**
	I have been **first author** on one or more publications that are **NOT** PubMed-cited. This includes letters, e-publications, e-learning modules, case reports etc.	**2**
	I have been **co-author** on a commissioned chapter in a published medical book **OR** I have been **co-author** on a PubMed-cited publication	**3**
	I have been **first author** on a commissioned chapter in a published medical book **OR** I have been **first author** on a PubMed-cited publication	**4**

- Evidence should be a digital copy of the **title page** of paper/chapter **including the reference**, or reference separately (including your name) if title page of paper/chapter does not contain the reference
- If e-publication, upload a copy of the publication including reference (demonstrating it has already been published and where)
- If accepted for publication but not yet published, upload the letter/email of acceptance from journal
- Please explain which author is you if it is not clear (e.g. subsequent name change)
- Publication of a poster abstract (if the same poster has gained credit in another domain) doesn't score here, nor does publication of an audit credited in domain 5
- If not already published then work should already be "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

Domain 4 – Presentations (excluding teaching trainees/students)

4. Presentations (excluding teaching trainees/ students)	I have **not** made any presentations or shown any posters	**0**
	I was **first or second author** on a poster **presented** at a **local or regional** medical meeting	**1**
	I was **first or second author** on a poster **displayed** at a **national or international** medical meeting	**2**
	I was **first or second author** on a poster **presented orally** at a **national or international** medical meeting – this includes side sessions, poster presentation sessions **OR** an **oral presentation** at a **regional** medical meeting	**3**
	I have **presented orally** in the **main auditorium** at a **national or international** medical meeting	**4**

- Examples of evidence:
  - Copy of the conference programme with listing of your name and title of presentation
  - An email or letter of acceptance from the conference organiser, etc. *('PowerPoint' slides alone are not sufficient)*
  - Conference programme showing title of poster and your name **or** a letter/email of acceptance from organiser, **plus** text of poster *(poster alone is not sufficient)*

- Please explain any abbreviations of organisation names

- Teaching presentations (e.g. at regional trainee teaching or for medical students) are not credited in 'presentations' but can be credited in the 'teaching' section (domain 6)

- National means that participation is routinely extended to, and accepted by, anyone in the country (this includes any of the UK home nations meetings e.g. a meeting run by the Scottish Intensive Care Society or Welsh Intensive Care Society). International means participation extends beyond this

- 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

Domain 5 – Clinical audit & quality improvement projects

5. Clinical audit and quality improvement projects	I have **not** participated in any audit or quality improvement projects	**0**
	I have **participated in** a **completed** audit or quality improvement project (e.g. local data collection)	**1**
	I have **designed or led** a **completed** audit or quality improvement project	**2**
	I have **designed or led** an audit or quality improvement project which has resulted in a **demonstrable improvement OR** I have **led** a **regional** collaborative multi-centre project	**3**
	I have **led** a **national or international** collaborative multi-centre project	**4**

- Please clearly document your role in any projects
- Provide a project summary with presentation slides (where relevant) or a letter from the department confirming the project completion and feedback from presentation where available (this should include your name or the name of the project)
- Where relevant please provide clear documentation demonstrating improvements directly resulting from the project to gain credit for this e.g. results of a re-audit following change
- **Department leads** for large national audits e.g. NAP or NELA will be credited 3 points rather than 4

Domain 6 – Teaching Skills

6. Teaching skills	I have **no** experience of delivering teaching and I have **no** training in teaching methods	**0**
	I have taught healthcare professionals or medical students **with evidence of formal, positive feedback** **OR** I have attended a basic teaching methodology course	**1**
	I have provided **regular** teaching as part of a course for healthcare professionals or medical students with evidence of **formal/positive feedback** **OR** I have been certified as an instructor for a postgraduate medical course	**2**
	I have **designed or led** a **regional** teaching programme consisting of **multiple** sessions with evidence of **formal, positive feedback** **OR** I have completed **over half** of a formal teaching qualification (e.g. PGCertEd)	**3**
	I have **designed or led** a **national or international** teaching programme consisting of **multiple** sessions with evidence of **formal, positive feedback** **OR** I have **completed** a formal higher teaching qualification (e.g. PGCertEd)	**4**

- Examples of evidence are:
    - A certificate of attendance or completion of teaching methodology course
    - An email or letter from the organiser or a programme of events demonstrating multiple sessions containing your name and where delivered (as well as presentation slides if relevant) *PowerPoint slides alone are not acceptable*
    - Whole programme including dates and presenter names or official letter confirming your role in designing teaching programme (as well as presentation slides if relevant) *PowerPoint slides alone are not acceptable*
- Teaching qualifications e.g. PGCert Ed are counted in this domain, not in domain 1 (if not fully completed then a letter is required from course organiser to confirm progress)
- Feedback should include candidate name or name of teaching programme with evidence of their involvement
- The designed sessions must have been actually delivered (not planned for the future)
- Electronic teaching packages can be counted with evidence of both role performed and positive feedback

Domain 7 – Progress through training and excellence

7. Progress through training and excellence	I do **not** have any educational supervisor reports which contain reference to performance that is excellent / at a high level / above the usual expected	**0**
	I have **one or more** educational supervisor reports which contain reference to performance that is excellent / at a high level / above the usual expected	**2**
	My educational supervisor reports cover **every** year of my training (UK and/or overseas) and **every** report contains a reference to performance that is excellent / at a high level / above the usual expected	**4**

- This domain was introduced as a way of recognising trainees who were performing at a very high level clinically, but may not have achieved much yet in terms of their teaching experience, publications etc.

- Time spent training abroad or in trust grade posts or in full time research posts may be associated with formal reports. If any such posts have associated reports that include evidence of excellence, they could be included and scored here. This should be some form of report similar to an Educational Supervisor's report, rather than a simple letter saying they were excellent with no other detail

- If the applicant has done extra training in another specialty (e.g. core surgery prior to core anaesthesia), these can be included here

- Educational Supervisor Reports should have clear reference to performance at a level above expected for level of training (or similar terminology)

- Educational supervisor reports for UK training should be easily identifiable

Domain 8 – Achievements specific to ICM training

8. Achievements specific to ICM training	I have **no** additional achievements specific to ICM training	**0**
	I have evidence of CPD of benefit to working in ICM e.g. regional or national ICM meetings	**1**
	I have **2 or more** ICM related courses (e.g. critical care transfer course) **OR** I have **completed** a qualification in Point of Care Ultrasound	**2**
	I have **completed more than one** qualification in Point of Care Ultrasound **OR** I have **completed** an **ICM specific** postgraduate qualification e.g. EDIC, ICM PgDip or PgCert	**3**
	I have an **ICM specific** Masters level degree or above e.g. MSc, MPhil or PhD, **in addition** to time spent and qualifications gained as part of my original medical degree **OR** I have **completed** accreditation with The British Society of Echocardiography or equivalent	**4**

- Certificates of attendance or completion should have applicant's name documented
- ICM specific qualifications (e.g. EDIC) counted here, in domain 9 should not also be submitted in domain 1 (additional qualifications)

Domain 9 – Leadership and management

9. Leadership and management	I do **not** have any leadership or management experience	**0**
	I have held a local or regional leadership or management role for **6 months or more** and I can demonstrate I made a **positive impact**	**2**
	I have held a **national or international** leadership or management role for **6 months or more** and I can demonstrate I made a **positive impact**	**4**

- National means that participation is routinely extended to, and accepted by, anyone in the country (this includes any of the UK home nations meetings e.g. the Scottish Intensive Care Society or Welsh Intensive Care Society). International means participation extends beyond this

- 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 example of evidence of positive impact could be a letter from the department for which the role was undertaken confirming responsibilities and changes implemented