Public Services Delivery
Scotland

NHS SCOTLAND

ST1 Trauma & Orthopaedic Surgery

APPLICANT GUIDE 2027

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Document Updates

Date	Section / Page	Change
16/09/2026	Timeline	Timeline finalised
29/10/2026	Timeline	Slight amendment to timeline (highlighted)

INTRODUCTION

Please ensure you read this Introduction before proceeding to the rest of the guide.

Please refer to the UK MDRS specialty recruitment applicant guide for full details on applying to specialty training in the UK.

Guidance for anything specific to the ST1 Trauma and Orthopaedic Surgery Scotland vacancy is detailed below.

Person Specification

All applicants should consult the Scotland **ST1 Trauma and Orthopaedic Surgery person specification** for full eligibility criteria prior to submitting an application, to ensure they meet the essential criteria.

Fitness to Practice Declarations

If you make a Fitness to Practise declaration on your application form, you must complete a declaration form and submit it to **recruitmentftp@nes.scot.nhs.uk** providing further information. This must be provided at the time of application.

Declaration forms can be downloaded from the MDRS website.

Training Programme Information

Applicants will not complete preferences at the time of application. Shortlisted applicants will be contacted prior to interview once programmes are available for preferencing.

Further information on the ST1 Trauma and Orthopaedic Surgery training programme in Scotland can be found on the **specialty programme section** of the Scottish Medical Training website.

Please contact the **relevant administrator** in the Training Programme Management team directly if you have any queries about the training programme, placements, or training in Scotland.

RECRUITMENT TIMELINE

Recruitment to ST1 Trauma & Orthopaedic Surgery for posts commencing 4th August 2027 will follow the UK Medical Recruitment Round 1 timetable (all times are UK):

Advert Published on **Oriel**	21st October 2026
Applications Open	22nd October 2026, 10am
Applications Close	19th November 2026, 4pm
Longlisting Completed	By 15th December 2026
MSRA Window - **Further Info**	5th to 20th January 2027
Applicants advised if progressing to evidence verification or not	By 20th January 2027
Evidence Upload Window	21st to 28th January 2027
Verified self-assessment scores sent to applicants – 72hours to appeal	By 8th February 2027
Outcome of Shortlisting Released	By 16th February 2027
Interview Invites Released	By 17th February 2027
Preferences Open	17th to 24th February 2027
Online Interviews	24th February 2027
First Offers Released	By 6th April 2027, 5pm
Offer Hold Deadline	9th April 2027, 9am
Offer Upgrade Deadline	14th April 2027, 4pm

PLEASE NOTE: If there are any changes to the timeline once the recruitment round is underway, applicants will be contacted via Oriel.

THE SELECTION PROCESS

Longlisting

- All applicants will have their eligibility to apply checked against the person specification.
- All eligible applicants must then sit the Multi-Specialty Recruitment Assessment (MSRA) in January 2027.

Shortlisting

If the number of applications for 2027 recruitment continues to exceed capacity, then the following process will be adopted to withdraw applications **prior** to shortlisting commencing:

- A threshold cut score will be applied; the number of posts, the related interview capacity and any tied rankings will determine the threshold cut score to select the cohort of applicants whose applications will proceed to evidence verification.
- Applicants will be ranked based on their unverified self-assessment score (this does not include any score for the personal statement).
- Any applicants whose unverified score is **below** the threshold cut score will not proceed and their application will be withdrawn.
- Any applicants whose unverified score is **above** the threshold cut score will be asked to upload evidence to be verified.
    - Eligible applicants will be notified via email when they will be required to upload evidence to Qpercom, and the process for this.
    - Please also refer to the timeline published on the Scottish Medical Training website.
- Following the completion of evidence verification applicants will be provided with their verified self-assessment score and given 72hrs to submit any appeals regarding any change to their score, which will then be reviewed by the Clinical Lead.
    - Please note that all scores will be reviewed and all scores could be changed by the Clinical Lead during the appeals process, not just the scores that the applicant has appealed.
    - Please note that the person statement score cannot be appealed.
- Applicants whose verified score after appeal (**excluding the personal statement score**), does not meet the threshold cut score, will have their application withdrawn at this stage.
- Remaining applicants will then be ranked for shortlisting based on the verified self-assessment score.
- Applicants will be invited to interview in rank order based on interview capacity.

Applicants must consult the ***2027 ST1 T&O Scotland Application Scoring Guidance & Evidence Verification*** document available **here on the Scottish Medical Training website**, ahead of completing their application so that they are familiar with the full selection process.

Multi-Specialty Recruitment Assessment (MSRA)

For 2027, all eligible applicants to ST1 Trauma & Orthopaedic Surgery will be required to sit the Multi-Specialty Recruitment Assessment (MSRA).

An applicant's MSRA score will make up 10% of their overall appointability score.

If you have applied to multiple specialties that use the MSRA you will receive multiple invites to attend however applicants **only need to book one exam appointment** as applicants only need to sit the exam once.

Further information on the MSRA can be found **on the UK Medical and Dental Recruitment and Selection website.**

Use of Artificial Intelligence (AI) During Interviews

The use of AI technology, including but not limited to AI-generated responses, virtual assistants, and automated scripts, is strictly prohibited during the online interview. We expect all applicants to participate in the interview process in a genuine and authentic manner, providing their own answers in response to interview questions.

Any applicant found to be using AI or other automated technologies during the interview process will be disqualified from the process and referred to the relevant professional body. It is vital that the interview process is fair and equitable for all applicants.

We hold the fairness and equity of the interview process in high regard, and as such, any attempts to undermine these principles will not be tolerated.

Applicants should read **the following 4 nation statement** on the use of AI during interviews.

Online Interview

Shortlisted applicants will be invited to attend an online interview in rank order of their shortlisting score.

Format

The interview process will consist of 4 x 10minute stations, covering 5 scored domains:

- Handover & Presentation (10 mins)
- Communication (10 mins)
- Clinical (10 mins)
- Commitment to Specialty (10 mins)

Presentation

Candidates will be required to give a presentation lasting no more than 3 minutes on the following topic:

"Tell us about something unrelated to orthopaedics that you are passionate about, but which would enhance your career as an orthopaedic surgeon working in NHS Scotland'

Please note that visual aids are **not** permitted and must be presented **verbally only**. The panel will not ask any follow up questions regarding your presentation.

Preventing the Use of Artificial Intelligence (AI)

All applicants invited to interview will be required to setup a second device (smartphone/tablet) as a second camera for the duration of their interview. This is mandatory part of the interview process for ST1 Trauma and Orthopaedic Surgery. Instructions on how to do this will be emailed to applicants invited to interview.

Appointability

Candidates must score at least **50% overall** in the interview to be deemed appointable.

Final ranking will be based on the candidate's performance at interview, MSRA and shortlisting, using the following weightings:

- Interview - 75%
- Shortlisting - 15%
- MSRA – 10%

Interview Dates

Interview dates will be published **here** on the Scottish Medical Training website once available.

Feedback

Once the interview window has closed candidates will automatically be emailed feedback on their performance which will include their scores for each question domains and comments provided by the assessors.

Interview Scoring Criteria

This can be found in Annex A.

CONTACTS

Scottish Medical Training Recruitment Team

- **nationalrecruitment@nes.scot.nhs.uk**

Fitness to Practice Declarations

- **recruitmentftp@nes.scot.nhs.uk**

Training Programme Management Team

- **Available on the Scotland Deanery website**

Complaints

The Complaints and Appeals process for Scottish Medical Recruitment and Selection is available **here on the Scottish Medical Training website**.

USEFUL LINKS

- **Applicant Declaration**
- **Oriel Recruitment Portal**
- **Oriel Applicant User Guide (via resource bank)**
- **Person Specifications**
- **Scotland Training Programme Descriptors**
- **Scotland Deanery website**
- **UK Recruitment Guidance**

ANNEX A – Interview Scoring Criteria

CLINICAL		
Score		**Criteria**
1	**Poor**	• Demonstrated incompetence in diagnosis and clinical management. • Very poor basic knowledge and judgement. • Significant errors that would result in patient harm. • Raises issues for fitness to practice at current/applied for level.
2	**Borderline**	• Failure to demonstrate knowledge and competence. • Lack of understanding. • Difficulty in prioritising. • Gaps in knowledge. • Significant errors.
3	**Satisfactory**	• Competent knowledge and judgement. • Essential points identified and mentioned. • No major errors.
4	**Good**	• Demonstration of ability and confidence above level of competence. • Able to prioritise. • Comfortable with difficult problems. • Good decision making.
5	**Excellent**	• Demonstration of ability and confidence is very significantly above the level of competence. • At ease with higher order thinking. • Flawless judgement and knowledge

COMMITMENT TO SPECIALTY		
Score		**Criteria**
2	**Poor**	**Demonstrated very poor basic knowledge of orthopaedics. No evidence of commitment to specialty.** No relevant clinical experience (including taster week), audit, teaching or courses. Unable to clearly explain why they wish to pursue orthopaedics.
4	**Borderline**	**Limited knowledge of orthopaedics. Very little evidence of commitment to specialty.** Limited experience of orthopaedics, such as only a single taster week or less, and no evidence of additional exposure through courses, conferences, audit or teaching. Reasons for pursuing orthopaedics are generic and non-specific.
6	**Satisfactory**	**Competent knowledge of orthopaedics. Some evidence of commitment to specialty.** Experience of orthopaedics through taster week(s) or FY rotation and some evidence of additional engagement through courses/conferences/teaching/audit. Can give indications for why wants to pursue specialty but insight is limited.
8	**Good**	**Demonstration of orthopaedic knowledge. Good evidence of commitment to specialty.** Confidently discusses experiences and principles of orthopaedics. Clear reasons for interest with reflection on highlights and challenges of career in orthopaedics. Diverse evidence of commitment to specialty through experience, courses/conferences, audit, research, participation in societies such as BOTA.
10	**Excellent**	**Excellent demonstration of orthopaedic knowledge. Excellent and extensive evidence of commitment to specialty.** Highly reflective, balanced and realistic reasons for pursuing career in orthopaedics. Demonstrates detailed understanding of orthopaedics, both technical and non-technical elements. Extensive and sustained evidence of commitment through research, teaching, QI, taster week(s) or leadership roles in relevant societies.

COMMUNICATION			
Score		**Knowledge & Judgement**	**Communication / Bedside Manner**
1	**Poor**	• Demonstrated incompetence in assessing the situation. • Very poor basic knowledge and judgement.	• Abrupt/brusque manner, arrogant. • Inappropriate attitude / behaviour. • Patient felt very uncomfortable – no rapport developed.
2	**Borderline**	• Failure to demonstrate knowledge and judgement. • Lack of understanding of the clinical/ethical issues. • Gaps in knowledge. • Significant errors.	• Unsympathetic. • Unobservant of body language.
3	**Satisfactory**	• Competent knowledge and judgement. • Essential points identified and mentioned. • No major errors.	• Appropriate introduction. • Shows respect. • Responds to some of the patient's queries.
4	**Good**	• Good knowledge and judgement. • Demonstration of ability and confidence above level of competence. • Able to prioritise. • Comfortable with difficult problems. • Good decision making.	• Gains patient confidence quickly. • Good awareness of patient's reaction. • Puts patient at ease quickly.
5	**Excellent**	• Demonstration of ability and confidence is very significantly above the level of competence. • At ease with higher order thinking. • Understanding of breadth and depth of topic judgement and knowledge	• Exceptional communication/relationship with the patient. • Put patient completely at ease.

HANDOVER			
Score		**Identification of Clinical Priority / Urgency**	**Organisation and Planning**
1	**Poor**	• Failed to identify any of the urgent cases. • Failed to understand why some patients may need priority. • Only identified a single patient who required priority.	• Very poor basic knowledge and judgement. • Demonstrated dangerous planning that could cause serious harm. • Only identified a single patient.
2	**Borderline**	• Failure to demonstrate knowledge and competence. • Lack of understanding. • Gaps in knowledge. • Only identified 2 patients who required priority	• Attempted to prioritise. • Identified a patient who could receive less priority. • Identified 2 patients who required priority.
3	**Satisfactory**	• Identified some of the critical situations that would require greater clinical priority. • Gave too much priority to less critical situations.	• Managed to prioritise and sequence the most critical patients but some non-critical errors and omissions in prioritization.
4	**Good**	• Demonstration of ability and confidence above level of competence. • Identified most of the critical patients.	• Demonstrated good higher order planning. • Prioritised most of list in available time.
5	**Excellent**	• Demonstration of ability and confidence is very significantly above the level of competence. • Identified all critical situations. • Identified situations that did not require any priority.	• Demonstrated fluent higher order thinking and planning. • Could articulate well thought out reasons for all the priorities given. • Evaluated and prioritised who list.

PRESENTATION			
Score		**Content**	**Delivery**
1	**Poor**	• Extremely poor choice of content. • Lacked any relevance to question	• Extremely hesitant • Demonstrated no preparation • Very Poor Time Keeping (+/- 2 minute)
2	**Borderline**	• Very superficial treatment of subject	• Very Hesitant • Poor eye contact
3	**Satisfactory**	• Reasonable choice of content • Failed to provide any depth to argument or analysis.	• Reasonable delivery • Reasonable eye contact • A few hesitations • Poor time keeping (+/-30s)
4	**Good**	• Good choice of content • Was able to demonstrate higher order thinking	• Very good delivery, with a few minor hesitations • Good eye contact
5	**Excellent**	• Excellent choice of content • Excellent relevance to question posed • New and intelligent analysis of question	• Excellent confident delivery • Excellent eye contact • Excellent time keeping (+/-10 seconds)