



APPLICANT GUIDE 2026

ST1 Trauma & Orthopaedic Surgery

Round 1

| UPDATES | |
|------------|---|
| 15/10/2025 | Commitment to Specialty interview scoring criteria added |
| 14/11/2025 | Timeline amended – extended deadline for uploading evidence |
| 10/12/2025 | Finalised timeline |

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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 in February 2026 once programmes are available for preferencing.

Further information on 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 5th August 2026 will follow the UK Medical Recruitment Round 1 timetable (all times are UK):

| | |
|--|---|
| Advert Published on Oriel | 22 nd October 2025 |
| Applications Open | 23 rd October 2025, 1000 |
| Applications Close | 20 th November 2025, 1600 |
| Applicants advised if progressing to Longlisting or not. | By 1700, 28 th November 2025 |
| Longlisting Completed | By 15 th December 2025 |
| MSRA Window | 6 th January 2026 to 19 th January 2026 Further Info |
| Evidence Upload Window | 20 th January – 27 th January 2026 |
| Verified self-assessment scores sent to applicants – 72hours to appeal | By 4 th February 2026, 1700 |
| Outcome of Shortlisting Released | By 16 th February 2026 |
| Interview Invites Released By | By 17 th February 2026 |
| Preferences Open | 18 th to 25 th February 2026 |
| Online Interviews | 24 th and 25 th February 2026 |
| First Offers Released | By 1700, 24 th March 2026 |
| Offer Hold Deadline | 2 nd April 2026, 1300 |
| Offer Upgrade Deadline | 8 th April 2026, 1600 |

AMENDED TIMELINE

PLEASE NOTE

All times are UK time.

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

THE SELECTION PROCESS

Information in this section relates to applications to ST1 Trauma & Orthopaedic Surgery in Scotland.

Longlisting and Shortlisting

If the number of applications for 2026 recruitment continues to exceed capacity, then the following process will be adopted to withdraw applications **prior** to the selection process commencing:

- Applicants will be ranked based on their unverified self-assessment score.
- The number of posts, the related interview capacity and any tied rankings will determine the threshold to select the cohort of applicants whose applications will proceed.
- Any applicants whose unverified score is below this threshold will not proceed and their application will be withdrawn.
- Applicants whose unverified score meets the threshold will proceed to the longlisting stage and have their eligibility to apply checked against the person specification. Those that do not meet the minimum eligibility criteria will be longlisted out.
- Longlisted applicants will proceed to self-assessment verification and will be asked to upload evidence to the self-assessment portal.
 - Eligible applicants will be notified via email when they will be required to upload evidence and the process for this. Please also refer to the timeline published on the Scottish Medical Training website.
 - Longlisted applicants must also sit the Multi- Specialty Recruitment Assessment (MSRA). See further information on page 13.
- Following the completion of evidence verification applicants will be provided with their verified self-assessment score and given 72hrs to submit any appeal regarding any change to their score, which will then be reviewed by the Clinical Lead
- Applicants whose verified score (after appeal) does not meet the threshold score, determined prior to longlisting, will have their application withdrawn at this stage.

Applicants will then be shortlisted based on the verified self-assessment score.

Applicants must consult the *2026 T&O Application Scoring Guidance and Evidence Verification Process* 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 2026, applicants to ST1 Trauma & Orthopaedic Surgery will be required to sit the Multi-Specialty Recruitment Assessment (MSRA). Your MSRA score will solely be used for data analysis purposes. The score will not contribute to your overall score or impact your final ranking.

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](#).

Online Interview

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

The interview process will consist of 4x10minute stations, covering cover 5 question areas:

- 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:

“Lessons from my own experience that will shape how I contribute to Trauma and Orthopaedics in Scotland, both during training and as a future consultant”

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.

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

Use of Artificial Intelligence (AI) During Interviews

Applicants should read [the following 4 nation statement](#) on the use of AI during interviews.

Appointability

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

- Interview 75%
- Shortlisting 25%

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 area 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](#)

ANNEXE A – Interview Scoring Criteria

| CLINICAL | | |
|----------|--------------|--|
| 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. Difficult in prioritizing. 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 very significantly above the level of competence. At ease with higher order thinking. Flawless judgement and knowledge |

| 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) |

| COMMITMENT TO SPECIALTY | | |
|-------------------------|--------------|--|
| 1 | Poor | <p>Demonstrated very poor basic knowledge of orthopaedics. No evidence of commitment to specialty.</p> <p>No relevant clinical experience (including taster week), audit, teaching or courses.</p> <p>Unable to clearly explain why they wish to pursue orthopaedics.</p> |
| 2 | Borderline | <p>Limited knowledge of orthopaedics. Very little evidence of commitment to specialty.</p> <p>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.</p> <p>Reasons for pursuing orthopaedics are generic and non-specific.</p> |
| 3 | Satisfactory | <p>Competent knowledge of orthopaedics. Some evidence of commitment to specialty.</p> <p>Experience of orthopaedics through taster week(s) or FY rotation and some evidence of additional engagement through courses/conferences/teaching/audit.</p> <p>Can give indications for why wants to pursue specialty but insight is limited.</p> |
| 4 | Good | <p>Demonstration of orthopaedic knowledge. Good evidence of commitment to specialty.</p> <p>Confidently discusses experiences and principles of orthopaedics. Clear reasons for interest with reflection on highlights and challenges of career in orthopaedics.</p> <p>Diverse evidence of commitment to specialty through experience, courses/conferences, audit, research, participation in societies such as BOTA.</p> |
| 5 | Excellent | <p>Excellent demonstration of orthopaedic knowledge. Excellent and extensive evidence of commitment to specialty.</p> <p>Highly reflective, balanced and realistic reasons for pursuing career in orthopaedics. Demonstrates detailed understanding of orthopaedics, both technical and non-technical elements.</p> <p>Extensive and sustained evidence of commitment through research, teaching, QI, taster week(s) or leadership roles in relevant societies.</p> |

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

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