

Joint Surgical Colleges Fellowship Examination

Guidance Notes for Referees Completion of the Structured Reference Form

Section A must be completed by the Applicant.

Sections B – G must be completed by the Referee.

- Principal Referee: must be the applicant's current Head of Department or Head of a Recognised Training Committee/Programme in which the applicant has participated
- Second Referee: must be a senior clinician who has worked with the applicant and has knowledge of the applicant's work in their specialty within the last two years
- Third Referee: must be a senior clinician who has worked with the applicant and has knowledge of the applicant's work in their specialty within the last two years

The JSCFE syllabus defines the breadth and depth of knowledge, professionalism and technical skill to be attained by surgeons in training. It specifies the levels of expertise to be anticipated at entry and at various stages in training and defines the standards of competence expected on completion of the training programmes. The JSCFE adopts this standard as the one against which assessment will be made. Candidates will be required to provide verification that this level has been reached in their clinical experience prior to sitting the examination. The supporting endorsement will be provided by the Head of Department/Head of a Recognised Training Committee/Programme and two senior clinicians who have worked with the applicant and have knowledge of the applicant's work in their specialty in the last two years.

It is important to the relevant Intercollegiate Specialty Board that you, in giving your support, are fully aware of the standards defined in the relevant specialty syllabus (www.jsfce.co.uk). The standards are those which apply to the appropriate discipline at the end of the training programme. Please note that the description of these standards should be taken as a guide to assist you in formulating your reference for the applicant irrespective the applicant's position in clinical practice or in a training programme.

The examination is conducted in two sections. Section 1 (Multiple Choice Questions in the format of Single Best Answer [SBA]) and Section 2 (clinicals – scenario based). Candidates must meet the required standard in Section 1 to gain eligibility to proceed to Section 2.

The examination will assess various elements of applied knowledge, diagnostic skills, clinical judgment and professionalism. Referees are therefore asked to comment specifically on these elements of an applicant's competence to ensure that candidates have attained the requisite standard in these domains.

Eligibility will be granted by the relevant Intercollegiate Specialty Board based on the applicant having met the entry criteria and having submitted three supportive structured references.

Diagnostic skills (Reference Section C)

We require your detailed comments on the candidate's suitability with respect to:

- Skilled, logical and analytical elucidation of a patient's history.
- Careful acquisition and processing of information determined in the physical and clinical examination and construction of a satisfactory management plan for all patients.

Please note that candidates will face assessment scenarios which may be complex and demanding.

Applicants must have satisfied you that they have the necessary skills and experience to deal with patients and situations which are not straightforward or routine. It is expected that discussion will take place in the examination on aspects of diagnostic strategy and on the use, advantages and disadvantages of various relevant investigations. You should therefore be in a position to indicate that your support is based on knowledge of the candidate's ability in these areas.

Clinical Management (Reference Section D)

The examination is set at the level of knowledge and clinical skills of the standard required of a recognised specialist (day one NHS UK/Ireland consultant standard) in the generality of the specialty. Given the range of cases, the spectrum of complexity and the ability to deal with variations and complications within the practice of this specialty, you should be convinced that their training / experience is such that they can safely manage both common and more complex clinical problems.

Operative skills (Reference Section E)

While the examination does not formally assess technical operating ability the JSCFE considers it inappropriate to admit candidates to the examination if there is any doubt as to their technical skill. It is therefore considered very important that your support in this area is well founded either from your personal observations and experience of the candidate or from reliable and systematically assessed observations of the candidate's ability in this area. The logbook of surgical procedures on its own should not be considered as any more than a rough guide. The valid observations of expert observers are known to be reliable and the degree to which **you** can support this candidate should be carefully recorded in this section.

Professionalism and Probity (Reference Section F)

The development of a mature and professional approach to performance in clinical practice is essential for safe and successful patient care. Attitudes towards patients and colleagues, their work ethic, their ability to deal with stressful or even confrontational issues and the effectiveness of their communication skills in providing supportive care for patients and their families are indicative of the professional qualities required of a candidate.

Declaration (Reference Section G)

Referees must have evidence to justify their Declaration should this be required by the Board. Structured Reference Forms must be completed in typed format and signed and returned to the applicant for formal submission.

It is the applicant's responsibility to ensure that all 3 structured references are submitted at the time of application.