Joint Committee on Intercollegiate Examinations

Applicant Guidance Notes for Online Application

Contents

Register a profile

When 'Create Account' is clicked, the GMC/IMC number will be validated against existing database records

Populate the profile

Private Area

PROFILE
- PERSONAL DETAILS
- CONTACT DETAILS
- HOSPITAL DETAILS
- AFFILIATION DETAILS

APPLICATIONS
- CURRENT APPLICATION
- DOCUMENT UPLOADS
- APPLICATION HISTORY

FINANCIAL HISTORY
- PAYMENT HISTORY
- PAYMENT REQUESTS

MAINTENANCE
- CHANGE PASSWORD
- CHANGE LOGIN EMAIL
- RECOVER PASSWORD

MY PROFILE - PERSONAL DETAILS

Please ensure you enter your name as it appears on your passport or UK/EIRE photocard driving licence.

All fields marked * are mandatory.

Title   Mr

Now please enter your Surname/Last Name and Given Names/Other Names as you would like them to appear on any examination certification:

Surname/Last Name *

Given Names/Other Names *

Now, for the purposes of Registration at the Pearson VUE testing centre, we also require you to enter your Surname/Last Name and Given Names/Other Names **as they appear on your current Passport or UK/EIRE photocard driving licence** :

Surname/Last Name *

Given Names/Other Names *

DOB *

If granted eligibility I intend to book the following Pearson VUE test centre:
NB. This is not a formal booking. You will be sent notification in due course.

Test Centre *   Choose a Test Centre............

Current Post   SpR

Date Commenced

Continue...

> Enter your surname/last name as you wish them to appear on a certificate

> Enter your surname/last name as you they appear on your passport or UK/EIRE photocard driving licence

> Nominate a test centre here. (This is not a formal booking)

Private Area

PROFILE
- PERSONAL DETAILS
- CONTACT DETAILS
- HOSPITAL DETAILS
- AFFILIATION DETAILS

APPLICATIONS
- CURRENT APPLICATION
- APPLICATION HISTORY

FINANCIAL HISTORY
- PAYMENT HISTORY
- PAYMENT REQUESTS

MAINTENANCE
- CHANGE PASSWORD
- RECOVER PASSWORD

MY PROFILE - CONTACT DETAILS

Please complete the form below with your contact details.

All fields marked * are mandatory.

Correspondence Address	Home
Address1 *	
Address2	
Address3	
Address4	
City *	
Region	
Post Code *	
Country	Please Choose...
Tel *	
Mobile	
Fax	
Email	testing@t.com

Continue...

> Applicants from Ireland, should enter 'Ireland' in the Post Code field

> Please choose country from the list

> Please include country code e.g. +44

Private Area

MY PROFILE - HOSPITAL DETAILS

PROFILE
PERSONAL DETAILS
CONTACT DETAILS
HOSPITAL DETAILS
AFFILIATION DETAILS
APPLICATIONS
CURRENT APPLICATION
APPLICATION HISTORY
FINANCIAL HISTORY
PAYMENT HISTORY
PAYMENT REQUESTS
MAINTENANCE
CHANGE PASSWORD
RECOVER PASSWORD

Please complete the form below to update your other details.

Hospital Name *	
Department *	
Address 1	
Address 2	
City *	
Region	
Post Code *	
Tel	
Fax	

Continue...

Private Area

MY PROFILE - COLLEGE AFFILIATION

PROFILE
▸ PERSONAL DETAILS
▸ CONTACT DETAILS
▸ HOSPITAL DETAILS
▸ AFFILIATION DETAILS
APPLICATIONS
▸ CURRENT APPLICATION
▸ APPLICATION HISTORY
FINANCIAL HISTORY
▸ PAYMENT HISTORY
▸ PAYMENT REQUESTS
MAINTENANCE
▸ CHANGE PASSWORD
▸ RECOVER PASSWORD

A candidate who is an existing Member of one of the four participating Royal Colleges (Edinburgh, England, Glasgow, Ireland) and who is successful in the Intercollegiate Specialty Examination will be promoted to the Fellowship of their college, unless they indicate another preference. **Only those who are subsequently accorded and maintain the Fellowship of a College are entitled to use that College's associated post-nominals**

Please click here to continue.

Private Area

MY PROFILE - COLLEGE AFFILIATION

PROFILE
▸ PERSONAL DETAILS
▸ CONTACT DETAILS
▸ HOSPITAL DETAILS
▸ AFFILIATION DETAILS
APPLICATIONS
▸ CURRENT APPLICATION
▸ APPLICATION HISTORY
FINANCIAL HISTORY
▸ PAYMENT HISTORY
▸ PAYMENT REQUESTS
MAINTENANCE
▸ CHANGE PASSWORD
▸ RECOVER PASSWORD

A. I successfully completed my MRCS examinations with the following College:

College *	Please Select...
Date:	Jan 1950

B. For completion by applicants who are an existing Member/Fellow of the four participating Colleges:

B1. I am currently an existing Member/Fellow of the indicated College:

College	Please Select...

Finish

Private Area

MY PROFILE - COLLEGE AFFILIATION

A. I successfully completed my MRCS examinations with the following College:

College *	College name ▼
Date:	Nov ▼ 1999 ▼

B. For completion by applicants who are an existing Member/Fellow of the four participating Colleges:

B1. I am currently an existing Member/Fellow of the indicated College:

College	College name ▼

B2. Please complete as appropriate:

On successful completion of the Intercollegiate Specialty Examination, I wish my Fellowship to be registered with this same College as above:

Tick/Untick to change	☑

Finish

PROFILE
- PERSONAL DETAILS
- CONTACT DETAILS
- HOSPITAL DETAILS
- AFFILIATION DETAILS

APPLICATIONS
- CURRENT APPLICATION
- APPLICATION HISTORY

FINANCIAL HISTORY
- PAYMENT HISTORY
- PAYMENT REQUESTS

MAINTENANCE
- CHANGE PASSWORD
- RECOVER PASSWORD

Private Area

MY PROFILE - COLLEGE AFFILIATION

A. I successfully completed my MRCS examinations with the following College:

College *	College name ▼
Date:	Nov ▼ 1999 ▼

B. For completion by applicants who are an existing Member/Fellow of the four participating Colleges:

B1. I am currently an existing Member/Fellow of the indicated College:

College	College name ▼

Or: On successful completion of the Intercollegiate Specialty Examination, I wish my Fellowship to be registered with:

College	Please Select... ▼

Finish

PROFILE
- PERSONAL DETAILS
- CONTACT DETAILS
- HOSPITAL DETAILS
- AFFILIATION DETAILS

APPLICATIONS
- CURRENT APPLICATION
- APPLICATION HISTORY

FINANCIAL HISTORY
- PAYMENT HISTORY
- PAYMENT REQUESTS

MAINTENANCE
- CHANGE PASSWORD
- RECOVER PASSWORD

Private Area

MY PROFILE - COLLEGE AFFILIATION

A. I successfully completed my MRCS examinations with the following College:

College *   [College name ▾]

Date: [Nov ▾] [1999 ▾]

B. For completion by applicants who are an existing Member/Fellow of the four participating Colleges:

B1. I am currently an existing Member/Fellow of the indicated College:

College   [Not a Member/Fellow ▾]

C. For completion by applicants who are not an existing Member (or Fellow) of the four participating Colleges:

On successful completion of the Intercollegiate Specialty Examination, I intend to apply to the following College for Fellowship:

College   [None ▾]

By selecting 'None' the following would apply:

In accordance with their respective Charters, only those who have applied and been accorded Fellowship of a Royal College, and subsequently maintained that Fellowship, are entitled to use that College's associated post-nominals. Success at ISB examinations alone, without subsequent completion of and affiliation, does **not** confer this right.

[Finish]

Private Area

MY PROFILE - COLLEGE AFFILIATION

Thank you for updating your profile.

To proceed with an application, please click the 'Calendar' button on the top banner

Find exam then click "Apply"

Click "Apply" to confirm

Examination Application

Private Area

CONFIRM EXAM (1/17)

*Please do not click the browser's **Back** button.*

You have chosen to apply for the following examination:

Exam:	General Surgery Section 1
Closing Date:	21 March 2019
Exam Date:	04 June 2019
Duration:	1 Day(s)
Location:	CBT

It is essential that the exam name, date and location that you wish to apply for is listed above. If not you are required to return to the **Examinations Calendar** and select the correct examination.

First Time Candidates

Candidates who have not previously attempted the above examination may apply for the first time online by clicking the **First Time Candidate** button below. At the end of the online process you will be required to make your payment online and upload all mandatory supporting documentation for assessment.

* If you do not have a Username and Password you are required to create an account by clicking here.
If you think you already have an account but cannot remember your password please do not create a new account but go to the login page and click on the forgotten password link.

When you are ready to apply online click the button below:

First Time Candidate

Resit Candidates

Candidates who have previously attempted the above examination may apply online by clicking the **Resit Candidate** button below.

When you are ready to apply online click the button below:

Resit Candidate

back to exam calendar

Private Area

*Please do not click the browser's **Back** button.*

Applying for the Examination

First-time Applicants

Applicants must complete online Registration/Application/Upload of mandatory supporting documentation/Payment by the published online deadline date. Applicants should note that examination availability will expire from 17:00h on the published online deadline date. The online facility allows applicants to pay by debit/credit card.

Eligibility

In order to be considered for eligibility to sit Section 1 of the examination applications must be complete by the online closing date. Incomplete applications will not go forward to eligibility and will automatically be transferred to the next available diet of the examination. Any applicant deemed ineligible will have the full examination fee refunded.

Registration and Proof of Identity

Candidates are required to present current and valid photographic ID, as declared at the time of application (Passport or UK/EIRE Photocard Driving Licence). This ID must be valid on the date of the examination in question. Candidates who are unable to produce valid documentation will **NOT** be permitted into the examination.

Resit Candidates – Section 1

Section 1 resit candidates must complete online Application/Payment by the published online deadline date. Candidates should note that examination availability will expire from 17:00h on the published online deadline date.

Resit Candidates – Section 2

To guarantee a resit place in Section 2, resit candidates must complete online Application/Payment by the published online deadline date. Resit candidates should note that examination availability will expire from 17:00h on the published online deadline date.

Withdrawal from an examination

Please refer to the section on fees and penalties

☐ I confirm that I have read and accept the above statements.

Continue...

Private Area

*Please do not click the browser's **Back** button.*

Examination Terms & Conditions

The material, questions, structure and content [the 'Examination Materials'] of the examinations are confidential and the written material is also protected by copyright owned by the Joint Committee on Intercollegiate Examinations [JCIE].

By applying for this examination and by accepting the Regulations and Conditions relevant to the Intercollegiate Specialty Examination you confirm that if granted eligibility to enter the examination:

▸ You will not publish, record, reproduce or transmit all or any part of the Examination Materials and that you will not disclose any of the Examination Materials or other details of the examination to any other person without the express written prior permission of the JCIE.

▸ You accept that you are strictly forbidden to be in possession of any mobile communication or recording device at the time of the examination and you understand that any breach of this undertaking would be deemed an examination offence and that you would be removed from the examination and deemed to have failed the examination.

▸ The Joint Committee on Intercollegiate Examinations endeavours to ensure that all reasonable measures are taken to successfully deliver its Section 1 examinations via computer based testing. It cannot, however, accept any liability for any system/power failures that may arise in exceptional circumstances.

▸ In accordance with the GMC published Good Medical Practice, the JCIE reserves the right to inform the Principal Referee should there be significant concerns over performance and/or patient safety.

▸ All personal information held by the Joint Committee on Intercollegiate Examinations (JCIE) on behalf of the four Surgical Royal Colleges of Great Britain and Ireland, will be held in accordance with the Data Protection Act of 2018. Any data collected may be exchanged between the four Surgical Royal Colleges. If you are registered or anticipate being registered with the General Medical Council (GMC) then your personal data, including data about your exam results, will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates of completion of training (CCTs). Data collected will not be released elsewhere without your permission.

☐ I confirm that I have read and agree to the Terms and Conditions.

[Continue...]

Private Area

*Please do not click the browser's **Back** button.*

Please ensure that the details below are correct before you click on the Continue button. Click the Edit button to change your details.

Title:	Mr
Last Name:	Test
Initials:	
Other Names:	J
DOB:	06 June 1976
Current Post:	SpR
Date Commenced:	

[Edit] [Continue]

Private Area

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

◉ Currently in training **(UK/Ire/Malta)** working towards a CCT/CCST.
○ Currently in training not working towards a CCT/CCST.
○ Not in training.

Training Post Number (NTN/VTN)*

[   ]

CCT/CCST date*

[   ] 🗓
ⓘ

Year of Training *

[Please select a year... ▾]

[Continue...]

Private Area

TRAINING STATUS (6/17)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

- ○ Currently in training **(UK/Ire/Malta)** working towards a CCT/CCST.
- ● Currently in training not working towards a CCT/CCST.
- ○ Not in training.

Training Post Number (FTTA) *

[   ]

Year of Training *

[Please select a year... ▼]

[Continue...]

Please enter your NTN/VTN number:
e.g.
UK: WES/023/019/C
Ireland: SPR0000

Private Area

TRAINING STATUS (6/17)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

- ○ Currently in training **(UK/Ire/Malta)** working towards a CCT/CCST.
- ○ Currently in training not working towards a CCT/CCST.
- ● Not in training.

[Continue...]

Private Area

QUALIFYING MEDICAL DEGREE (7/17)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

Your qualifications must be recognised by GMC/IMC.	
Country	[Please select a country... ▼]

Private Area

QUALIFYING MEDICAL DEGREE (7/17)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

Your qualifications must be recognised by GMC/IMC.	
Country	[United Kingdom ▼]
University *	[Please select a University... ▼]
Degree obtained *	[ ]
Date obtained *	[ ] 🗓 ❓

[Continue...]

Qualification Name should be entered here

Private Area

OTHER DEGREES (8/17)

*Please do not click the browser's **Back** button.*

Qual Name	[ ]
University	[ ]
Date obtained	[ ] 🗓 ❓

[Continue...]

Private Area

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

ID Method *	Please select an ID Method... ⌄ 🌐
ID Number *	[ ]
Preferred test centre location *	Choose a Test Centre............ ⌄ *
Preferred option for Section 2 *	Please select a date... ⌄ 🌐
Continue...	

As indicated in the 2015 Regulations you will need to select a sub-specialty

Sub Specialty   Please select a Sub-Specialty... ⌄ ◀

Note: Cardiothoracic Surgery, from September 2022, a sub-specialty must be nominated from the options in the list

Special Interest   Please select a Special Interest... ⌄ ◀

Note: General Surgery, from November 2014, a Special Interest must be nominated from the options in the list

Private Area

REFEREES (10/17)

*Please do not click the browser's **Back** button.*

Structured References

1. All three referees MUST be on the UK or Irish Specialist Register.

2. All three referees MUST have direct experience of the applicant's current clinical practice within the last 2 years.

3. **Applicants in approved training posts:**
   1. Referee 1 MUST be the trainee's current Programme Director.

   2. The other two must be Consultant Trainers/Supervising Consultants or Senior Colleagues, in the specialty, with direct experience of the trainee's current clinical practice within the last 2 years.

4. **Applicants not in training:**
   1. Referee 1 MUST be the applicant's current Lead Clinician/Head of Department/Medical Director (or equivalent). If you are making an application for an examination taking place from 1 October 2023 then this Structured Reference Form MUST be countersigned by the Trust or Health Board's Director of Medical Education or nominated Deputy (UK applicants) or by the Royal College of Surgeons in Ireland (ROI applicants).

   2. The other two must be Senior Colleagues, in the specialty, with direct experience of the applicant's current clinical practice within the last 2 years.

All fields marked * are mandatory.

Referee 1 - Must be PD/HoD/CMD

Title	Mr ⌄
Initials *	
Surname *	
Other Names	
Email	

> PD/HoD/CMD should be entered as Referee 1

Referee 2

Title	Mr ⌄
Initials *	
Surname *	
Other Names	

Referee 3

Title	Mr ⌄
Initials *	
Surname *	
Other Names	

[Continue]

Private Area

UPLOAD 3 COMPLETED STRUCTURED REFERENCE FORMS (11/17)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

Uploaded documents must be PDF, Word, JPG or GIF files only. 2Mb max individual file size.

Upload a file	[ ] Browse... ❓
Select Document	Please select a document... ⌄ ❓
	Add
Please upload the required documents.	

Continue

> Click 'Browse' to find your reference documents

Private Area

UPLOAD COPY OF PHOTOGRAPHIC ID METHOD (12/17)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

Uploaded documents must be PDF, Word, JPG or GIF files only. 2Mb max individual file size.

Upload a file	[ ] Browse... ❓
Select Document	Please select a document... ⌄ ❓
	Add
Please upload the required documents.	

Continue

> Click 'Browse' to find your Identification document

Private Area

UPLOAD OPERATIVE SUMMARY & CURRICULUM VITAE (13/17)

*Please do not click the browser's **Back** button.*

All fields marked * are mandatory.

Uploaded documents must be PDF, Word, JPG or GIF files only. 2Mb max individual file size.

Upload a file	[ ] Browse... ❓
Select Document	Please select a document... ⌄ ❓
	Add
Please upload the required documents.	

Continue

> Click 'Browse' to find your Operative Summary and CV documents

Private Area

EQUALITY, DIVERSITY & INCLUSION FORM (14/17)

*Please do not click the browser's **Back** button.*

The Joint Committee on Intercollegiate Examinations confirms its commitment to equality of opportunity in all areas of its work. All individuals will be treated in a fair and equal manner. The information gathered in this section is used to assist in monitoring the implementation and effectiveness of equal opportunities regardless of gender, marital status, race, religion, colour, age, disability or sexual orientation. The information collected will be stored and processed in accordance with Data Protection principles for the purpose of preparing anonymised statistical reports.

In line with UK legislation and good practice guidelines we ask all applicants/candidates to complete this section.

Existing EDI Entry Found from
Please check this data is correct. If you wish to provide new information please click the edit button.

[Edit]

Sex (registered at birth): [Please Select ∨]

Is the gender you identify with the same as your gender registered at birth?
[Please Select ∨]

Nationality: [Please Select ∨]

First Language: [Please Select ∨]

Ethnic Origin: [Please Select ∨]

Religion: [Please Select ∨]

Sexual Orientation: [Please Select ∨]

Is your employment status less than fulltime (LTFT)?

Full time status 37.5 or more paid hours per week, LTFT less than 37.5 paid hours per week.
[Please Select ∨]

Are your day-to-day activities limited because of a health issue or disability which has lasted, or is expected to last, at least 12 months?
[Please Select ∨]

[Continue]

> If you choose 'Yes', a new question will appear.

Are your day-to-day activities limited because of a health or disability which has lasted, or expected to last, at least 12 months?
[Yes ∨]

Do you require any adjustments to be made?
[Please Select ∨]

[Continue]

> If you choose 'Yes', an input box will appear allowing an adjustment summary to be entered. A new link to a document will appear. This document **must** be completed and returned to the JCIE

Are your day-to-day activities limited because of a health or disability which has lasted, or exp to last, at least 12 months?
[Yes ∨]

Do you require any adjustments to be made?
[Yes ∨]

Summary of adjustments requested:
[   ]

Please download, complete and return this form

[Continue]

Private Area

*Please do not click the browser's **Back** button.*

I declare that I am the individual named as applying to sit this examination and that the information and relevant documentation uploaded is a true record in support of my application. I hereby accept the Regulations and Conditions to the examination in my chosen Specialty and accept that the JCIE reserves the right to feedback examination results to the Principal Referee.

I agree with the above statement. ☐

Date:

The JCIE's default position is to send a copy of your examination feedback to you and your Principal Referee (as identified by you at application). You do, however, have the right to withdraw your consent.

However, the JCIE feels that it is very much in your own interests to share this feedback as it stimulates a discussion around areas for development either to optimise your practice as a senior trainee and Consultant, or to maximise your chances in the event of a resit. It also allows your Principal Referee to facilitate actions (for example, allocation of specific training jobs) to assist you in your development.

Please note that if you choose to withdraw your consent to have a copy of your examination feedback sent to your Principal Referee the JCIE still reserves the right to inform the Principal Referee should there be significant concerns over performance and/or patient safety. This is in accordance with the GMC published Good Medical Practice.

I agree to my feedback being shared with my Principal Referee ☑

[Continue]

Private Area

*Please do not click the browser's **Back** button.*

Exam Code:	814
Exam Name:	General Surgery Section 1
Exam Location:	CBT
Exam Start Date:	04/06/2019
Exam End Date:	
Payment Required:	1904.00

Please ensure the information above is correct before you proceed.

[Make Payment]

JCIE | THE JOINT COMMITTEE ON INTERCOLLEGIATE EXAMINATIONS

1. Order Summary	2. Order Payment	3. Payment Confirmation	4. Order Confirmation

Order Summary

Contact Details

Name:

Email Address:

Billing Address

12
Edinburgh
EH8 9DW
United Kingdom

[Change address]

Your Order

Order ID: 805639

JCIE Purchase
951 Cardiothoracic Surgery Section 1

Amount to pay   £1904.00

[Pay]

Payment Help

Telephone:
+44 (0)131 662 9222

E-mail:
enquiries@jcie.org.uk

> Check details then click "Pay" to proceed

Payment Details

Card Number   VISA mastercard Maestro

[Card Number]

Expiry

[MM/YY]

Security Code

[Security Code]   (?)

Cardholder Name

[Cardholder Name]

🔒 PAY NOW

256-bit SSL encrypted   Securely processed by Global Payments

Click "PAY NOW" after entering details to make payment

JCIE | THE JOINT COMMITTEE ON INTERCOLLEGIATE EXAMINATIONS

[Private Area] [Logout]

| Home | JCIE | Specialties | Application | Calendar | Contact |

promoting surgical excellence

Private Area

Click "Complete" to finalise the application. This results in a confirmation email being sent

COMPLETE APPLICATION (17/17)

*Please do not click the browser's **Back** button.*

Thank you for making a payment. If you do not receive an email confirming your application has been received within 24 hours, please contact the JCIE office at enquiries@jcie.org.uk.

To finalise your application you must now click 'Complete' below. You will be redirected back to your Private Area.

[Complete]

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Royal College of Surgeons of England

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

RCSI

© www.jcie.org.uk 2017 | site disclaimer | Cookies | Privacy