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Revision

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date</th>
<th>Description</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>29 Oct 09</td>
<td>Draft User Guide</td>
<td>AM</td>
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<tr>
<td>1.1</td>
<td>23 Nov 10</td>
<td>Text changes 9/14</td>
<td>AM</td>
</tr>
<tr>
<td>2.0</td>
<td>6 Jan 11</td>
<td>Additional fields added to personal profile</td>
<td>AM</td>
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<tr>
<td>2.1</td>
<td>1 Dec 11</td>
<td>Gender field move</td>
<td>AM</td>
</tr>
<tr>
<td>2.2</td>
<td>14 Dec 11</td>
<td>General Surgery – subspecialty comment</td>
<td>AM</td>
</tr>
<tr>
<td>2.3</td>
<td>13 Jan 12</td>
<td>Updates Exam Terms &amp; Conditions</td>
<td>AM</td>
</tr>
<tr>
<td>2.4</td>
<td>6 Feb 12</td>
<td>Add GMC validation</td>
<td>AM</td>
</tr>
<tr>
<td>2.5</td>
<td>22 Mar 13</td>
<td>Updates Exam Terms &amp; Conditions</td>
<td>AM</td>
</tr>
<tr>
<td>3.0</td>
<td>17 Apr 13</td>
<td>Add new affiliation details</td>
<td>AM</td>
</tr>
<tr>
<td>3.1</td>
<td>30 Oct 13</td>
<td>Add request for reasonable adjustment</td>
<td>AM</td>
</tr>
<tr>
<td>3.2</td>
<td>18 Nov 13</td>
<td>Update General Surgery for Special Interests</td>
<td>AM</td>
</tr>
<tr>
<td>3.3</td>
<td>11 Aug 14</td>
<td>Added new test centre procedure</td>
<td>AM</td>
</tr>
<tr>
<td>3.4</td>
<td>23 Apr 15</td>
<td>New Online Applicant Guide</td>
<td>SR</td>
</tr>
<tr>
<td>3.5</td>
<td>12 Sep 17</td>
<td>Updated to take into account amendments of the process</td>
<td>JW</td>
</tr>
<tr>
<td>3.6</td>
<td>26 Jan 18</td>
<td>Update of the screenshots for the payments service</td>
<td>JW</td>
</tr>
<tr>
<td>3.7</td>
<td>06 Mar 19</td>
<td>Update of screenshots to reflect 2019 fee increase</td>
<td>JW</td>
</tr>
<tr>
<td>3.8</td>
<td>13 Jan 21</td>
<td>Update of screenshot to reflect Reference 1 requiring countersignature for applicants not in training</td>
<td>MO</td>
</tr>
</tbody>
</table>
When ‘Create Account’ is clicked, the GMC/IMC number will be validated against existing database records.
Populate the profile

Private Area

**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**: [Dropdown]

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**: [Input field]
- **Given Names/Other Names**: [Input field]

If granted eligibility, I intend to book the following Pearson VUE test centre.

To book, select one of the following test centres.

- **Test Centre**: [Dropdown]

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

**Are your daily activities limited because of a health or disability which has lasted, or expected to last, at least 12 months?**

- **Yes**: [Checkbox]

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.
Please complete the form below with your contact details. All fields marked * are mandatory.

### Applicant Gui

**Applicants from Ireland, should enter ‘Ireland’ in the Post Code field**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correspondence Address</td>
<td>Home</td>
</tr>
<tr>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>Address 3</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Region</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Please Choose...</td>
</tr>
<tr>
<td>Tel</td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:testing@t.com">testing@t.com</a></td>
</tr>
</tbody>
</table>

Please include country code e.g. +44

**Please choose country from the list**

### Applicant Gui

**Private Area**

**MY PROFILE - HOSPITAL DETAILS**

Please complete the form below to update your other details.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Name</td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Region</td>
<td></td>
</tr>
<tr>
<td>Post Code</td>
<td></td>
</tr>
<tr>
<td>Tel</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

Continue...
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**

<table>
<thead>
<tr>
<th>College *</th>
<th>Please Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Jan 1995</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>College</th>
<th>Please Select</th>
</tr>
</thead>
</table>

**Finish**

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

<table>
<thead>
<tr>
<th>College *</th>
<th>College Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Nov 1993</td>
</tr>
</tbody>
</table>

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

B2. I am currently an existing Member/Fellow of the indicated College:

<table>
<thead>
<tr>
<th>College</th>
<th>College Name</th>
</tr>
</thead>
</table>

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

Tick/Unstick to change

**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:

Colloge: [College name]

Or: On successful completion of the Intercollegiate Specialty Examination, I wish to register with:

College: [College name]

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: 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: [College name]

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 IJS examinations alone, without subsequent completion of and affiliation, does not confer this right.

Finish
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
Private Area

CONFIRM EXAM (1/17)

Please do not click the browser’s Back button.

You have chosen to apply for the following examination:

<table>
<thead>
<tr>
<th>Exam:</th>
<th>General Surgery Section 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing Date:</td>
<td>21 March 2018</td>
</tr>
<tr>
<td>Exam Date:</td>
<td>04 June 2018</td>
</tr>
<tr>
<td>Duration:</td>
<td>1 Day(s)</td>
</tr>
<tr>
<td>Location:</td>
<td>CBS</td>
</tr>
</tbody>
</table>

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 Examination 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

APPLYING FOR THE EXAMINATION (2/17)

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 all 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 date of the examination. Any applicant deemed ineligible will have their 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/EU/Non-EU 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]
EXAMINATION TERMS & CONDITIONS (3/17)

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 (JCE).

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 account 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 permission of the JCE.
- 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 condition would be considered 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 are computer-based testing. It cannot, however, accept any liability for any system/power failures that may arise in exceptional circumstances.
- All personal information held by the Joint Committee on Intercollegiate Examinations (JCE) on behalf of the four Surgical Royal Colleges of Great Britain and Ireland, will be held in accordance with the Data Protection Act 1998. All data collected or any exchanges 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 exams results), will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates of completion of training (CCT). Data collected will not be released elsewhere without your permission.

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

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

Qualification Name should be entered here
Note: General Surgery only, from November 2014, a Special Interest must be nominated from the options in the list.
Applicant Gui should apply for online application.

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

2. Click 'Browse' to find your reference documents.

3. Click 'Continue' to proceed.
Click ‘Browse’ to find your Identification document

Click ‘Browse’ to find your Operative Summary and CV documents
**Private Area**

**EQUAL OPPORTUNITIES 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 purposes of preparing anonymised statistical reports.

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

- **Nationality:** Please Select
- **First Language:** Please Select
- **Ethnic Origin:** Please Select
- **Religion:** Please Select
- **Sexual Orientation:** Please Select

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

- Please Select

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

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.
Applicant Guide for online application

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Private Area

DECLARATION (15/17)

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 the Regulations and Conditions to the JCIE in my chosen Specialty and accept that the JCIE in my chosen Specialty reserves the right to feedback examination results to sponsoring referees.

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 re-sit. It also allows your Principal Referee to facilitate actions (for example, allocation of specific training jobs) to assist you in your development.

I agree to my feedback being shared with my Principal Referee: [ ]

---

Private Area

PAYMENT (16/17)

Please do not click the browser’s Back button.

Exam Code: 814
Exam Name: General Surgery Section 1
Exam Location: CBT
Exam Start Date: 64/06/2019
Exam End Date: 
Payment Required: 1904.00

Please ensure the information above is correct before you proceed.

Make Payment

---

Order Summary

Contact Details
Name:
Email Address:
Billing Address:
12
Edinburgh
EH8 9QW
United Kingdom
Change address

Your Order
Order ID: 805639
JCIHE Purchases
951 Cardiothoracic Surgery Section 1
Amount to pay: £1904.00

Pay

---

Payment Help
Telephone: +44 (0)131 662 9222
E-mail: enquires@cie.org.uk

Check details then click “Pay” to proceed

---

Applicant Guide for online application
Click “PAY NOW” after entering details to make payment.

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