Core Surgical Training 2027: Application Guide

Summary

In 2026 Round 1, Core Surgical Training CT1 in England received **4,975 applications** for **720 posts**, a competition ratio of 6.91 (NHS England, 2026 competition ratios). The 2027 CST round is shorter on paperwork and heavier on live assessment than in previous years. Applications close at 4pm on Thursday 19 November 2026. The MSRA in January decides who is invited to interview, and approximately the **top 1,200 candidates** are invited.

Priority status under the Medical Training (Prioritisation) Act 2026 applies at two points: the offer of an interview and the offer of a training post. It does not change your rank. The portfolio is **no longer self-scored** on Oriel. You upload an index page and evidence, and assessors score it live in a dedicated interview station. All portfolio achievements must be completed by Friday 19 February 2027.

Key dates

Date	Event	Status
By 5pm Wed 21 Oct 2026	Advert appears	Confirmed
10:00 Thu 22 Oct 2026	Applications open on Oriel	Confirmed
4pm Thu 19 Nov 2026	Applications close. No late applications	Confirmed
Fri 20 Nov 2026	Priority status shown on Oriel (the day after the deadline)	Confirmed
5pm Tue 24 Nov 2026	Deadline to request a review of priority status	Confirmed
December 2026	Invitations to register for the MSRA and book a Pearson test centre slot	Exact date TBC
Tue 5 to Mon 18 Jan 2027	MSRA window	Confirmed
From Thu 11 Feb 2027	MSRA scores released	Confirmed
By Mon 15 Feb 2027	Applicants with approved reasonable adjustments emailed a link to book an interview slot	Confirmed
Tue 16 Feb 2027	Interview invitations sent	Subject to change

Date	Event	Status
Fri 19 Feb 2027	Portfolio achievement cut-off. Evidence portal opens. Second priority review window opens (10:00)	Confirmed
Wed 24 Feb 2027	Evidence upload portal closes	Confirmed
Fri 26 Feb 2027, 5pm	Second priority review window closes	Confirmed
Mon 1 to Wed 10 Mar 2027	Interviews, online on Qpercom	Confirmed
By 9am Mon 8 Mar 2027	Preferencing opens	Confirmed
9am Mon 22 Mar 2027	Preferencing closes	Confirmed
By 5pm Tue 6 Apr 2027	Initial offers released	Confirmed
9am Fri 9 Apr 2027	Hold deadline	Confirmed
4pm Wed 14 Apr 2027	Upgrade deadline	Confirmed
TBC	Interview scoresheets released to all candidates	Not published

All dates are subject to change and changes are communicated through Oriel.

Eligibility

- Primary medical qualification (MBBS or equivalent) and eligibility to work in the UK.
- Full GMC registration at the time of application. This is a change for 2027. A licence to practise is required on the date the post starts.
- Foundation competences evidenced within the three and a half years before the post start date, by one of four routes: current employment in a UKFPO-affiliated foundation programme; current employment in a GMC-approved specialty training programme with an NTN or DRN; a Foundation Programme Certificate of Completion (FPCC); or 12 months of post-registration experience plus a Certificate of Readiness to Enter Specialty Training (CREST).
- No more than 18 months (whole-time equivalent) of experience in surgical specialties, excluding foundation placements, measured at the advertised post start date. Experience at any level and in any country counts. Without UKFPO enrolment, no more than 12 months of surgical experience is accepted as foundation-equivalent.
- You must not hold, or be eligible to hold, a CCT or be eligible for the specialist register in this specialty.
- Complete employment history, including gaps, and disclosure of any fitness to practise proceedings or conditions. Anyone answering yes to a fitness to practise question must submit the London and KSS Fitness to Practise declaration form.

Forms that may be required

- CREST: submit it with your application. Only the 2024 and 2027 versions are accepted for 2027 recruitment, and the 2024 version will not be accepted from 2028. A missing CREST, or one completed incorrectly, results in the application being withdrawn.
- Support for Application to another region: needed if you are in core training now and apply to the same programme in a different region. It must be signed by your current Training Programme Director or Head of School and confirm satisfactory progress.
- Support for Reapplication to Specialty Training: needed if you previously resigned or were removed from any training programme.
- Dean's Supporting Declaration: needed if you left a foundation post or programme without an FPCC or FACD 5.2.

Other points on applying

- Applicants are limited to five applications per recruitment round. The Round 1 limit was introduced in 2026 and is unchanged for 2027. Round 2 has a new limit of five.
- Dual-qualified (medical and dental) applicants: there are two CST vacancies, one for England, Scotland and Wales and one for Northern Ireland (recruited separately by NIMDTA). Apply to one only. If you hold live applications to both at the closing date, the earlier application is withdrawn. Do not withdraw a duplicate yourself after the window closes. A second degree resets the 18-month clock for medicine-first applicants.
- Reasonable adjustments and the Disability Confidence Scheme (which replaced the Guaranteed Interview Scheme): requests and evidence are submitted on Oriel at the time of application.
- Most eligibility (longlisting) checks happen after MSRA results, which are expected in February 2027.

How selection works

1. Submit the application on Oriel by 4pm on 19 November 2026.
2. Sit the MSRA at a Pearson test centre between 5 and 18 January 2027. The MSRA is the shortlisting score.
3. Approximately the top 1,200 candidates are invited to interview and to upload portfolio evidence. A candidate who does not upload evidence has the interview slot cancelled.
4. Sit two interview stations online: Management and Clinical, and Portfolio.
5. Receive a total score and unique rank. Offers follow rank and preferences, and priority status is applied when offers are matched.

Score weighting

Component	Weight
MSRA (scaled to a 0 to 10 point scale)	10%
Portfolio station	45%
Management and Clinical station	45%

The combined score is out of 100.

Medical Training (Prioritisation) Act 2026

When it applies

For CST, prioritisation applies at both of these stages:

1. The offer of an interview.
2. The offer of a place on a training programme.

NHS England states this in its announcement of 21 September 2026 and on its prioritisation page. The only exceptions are ACF Round 1, where prioritisation applies at the offer stage only, and ST1 Public Health, where it does not apply. Interview invitations for CST are therefore not based on MSRA score alone. The generic shortlisting guidance states that the top-scoring applicants in the priority group are invited to interview. For CST the shortlisting score is the MSRA, so priority applicants are invited ahead of non-priority applicants, ordered by MSRA score within the group.

NHS England says it cannot advise on the likelihood that a non-priority applicant will be shortlisted. It has published 2026 data on application numbers and the proportion with priority status, and notes that these are not a reliable predictor of future application levels. The number of applicants in each group is not released during the recruitment process.

Who is in the priority group

You are prioritised only if all three of the following apply. The status is binary: in the priority group or not, with no hierarchy within either group.

Criterion	Qualifies	Does not qualify
Country of primary medical qualification	UK, Ireland, Iceland, Liechtenstein, Norway or Switzerland. A UK qualification does not count if all or most of the training was outside the British Isles. An Irish qualification does not count if all or most of the training was outside Ireland.	Any other country
Immigration status	British citizen; Commonwealth citizen with right of abode;	Any other status, including Partner or Dependent status

Criterion	Qualifies	Does not qualify
	Irish citizen not requiring leave; indefinite leave to enter or remain; leave granted under EU Settlement Scheme residence rules	
Qualifying UK programme	For CT1 recruitment: the UK Foundation Programme, completed or current	Malta Foundation Programme, trust-based programmes, non-training posts leading to an Alternative Certificate of Eligibility

The immigration categories were added by the Medical Training (Prioritisation for Specialty Training Programmes) Regulations 2026, laid on 14 September 2026. The Act became law on 6 March 2026.

What it does and does not change

- It does not change your score or rank. Rank reflects performance in the selection process only.
- At the interview stage, priority applicants are invited first. Non-priority applicants who are invited should still attend.
- At the offer stage, appointable priority applicants are considered in rank order before non-priority applicants. This is repeated in every offers matching round. Non-priority applicants are considered only once the appointable priority list is exhausted and vacancies remain.
- Priority status does not guarantee an offer, because the number of posts is finite.
- Special circumstances: non-priority applicants can still be pre-allocated, but only after all priority applicants have been considered. This may limit pre-allocation to the region they need.

Checking and correcting your status

- Priority status appears on Oriel the day after the application deadline, so on 20 November 2026 for Round 1.
- If you think it is wrong, you must request a review by 5pm on Tuesday 24 November 2026, using the prioritisation review form, with evidence if the form asks for it. The form must be completed in every case. Late forms and evidence cannot be considered.
- A second review window opens at 10:00 on Friday 19 February 2027 and closes at 5pm on Friday 26 February 2027. It is for invited candidates whose status has changed since the first deadline.
- Only an immigration status held on or before the relevant deadline can be considered. A change expected after the deadline cannot.
- Failing to report an incorrect status can result in any offers being withdrawn.
- Applicants rejected at shortlisting are not reinstated if their status later changes.

MSRA

- All longlisted applicants sit the MSRA. It is a computer-based, scenario-based assessment delivered with Work Psychology Group and Pearson at test centres.
- You are invited to register an account and then sent a separate invitation to book a test centre slot. The invitation date in December is TBC.
- The window is 5 to 18 January 2027. Scores are released from 11 February 2027.
- The MSRA forms the shortlisting score and contributes 10% of the final score.
- Queries go to the MSRA support desk and the Pearson Professional Examinations team.

Portfolio station

What changed

- There is no self-assessment score on Oriel. You upload an index page that records a letter from A to E for each domain and the category of evidence uploaded.
- The portfolio is assessed during the online interview in a separate station. The same criteria apply to the index page and to the interview assessment.
- The domains were revised to align with three of the four domains of the GMC's Good Medical Practice. The fourth domain, Trust and Professionalism, is assessed through your conduct throughout the process.
- Surgical experience and the logbook sit in Knowledge, Skills and Development. Teaching, presentations and publications sit in Patients, Partnership and Communication, which now also covers patient information leaflets, podcasts and webinars. Quality improvement sits in a new Colleagues, Culture and Safety domain.
- NHS England expects no major portfolio changes for 2028 recruitment.

What the index page is

The index page is a short summary form, supplied as a Word document on the NHS England Medical Hub, which candidates invited to interview must complete. It states, for each domain, which indicator letter (A to E) you believe your evidence achieves and what category of evidence you have uploaded. It replaces the Oriel self-assessment. The official guidance describes its role this way: the letter is a guide for assessors that shows what you think you have achieved. Assessors review the evidence, ask you questions, and then allocate their own final score.

- It is mandatory. Evidence submitted without an index page scores 0 in every domain and is not reviewed.
- Answers must be accurate at the time of submission.
- Selecting a higher indicator than your evidence supports is over-claiming. Over-claiming can lead to a lower mark, removal from the process, or referral to the GMC as a probity matter. Assessors may test claims through their questions.
- The National Recruitment Office cannot advise you which option to choose. It is your decision.

How to complete it

1. Wait for the interview invitation, then download the current index page template from the Medical Hub portfolio guidance page. Use the official template, not a copy from another source.
2. For each domain, find the single best achievement you will have completed by 19 February 2027. Anything not fully complete by that date cannot be claimed. A taster week booked for 2027 scores 0.
3. Match that achievement to the indicator table in the portfolio guidance and enter the letter. Read the notes under each table, because they define terms such as first author, national, regional, local, demonstrable impact and face-to-face.
4. Use each achievement in one domain only. If you have several suitable achievements for a domain, choose the one that gives the highest indicator and upload only that one.
5. Write the category of evidence for each entry in the same terms the guidance uses, for example "eLogbook consolidation report", "first-author PubMed-indexed paper", or "QI project letter and presentation slides".
6. Check that each entry matches the PDF you will upload for that domain, and that the PDF contains every mandatory document for that indicator.
7. Upload through the evidence portal between 19 and 24 February 2027. Evidence sent by any other route is not accepted.

Domains and indicators

Each domain/subdomain takes one achievement only. Choose whichever gives the higher indicator.

Domain	Item	Indicators
1. Knowledge, Skills and Development	Operative experience (eLogbook)	A: 40 or more cases. B: 30 to 39. C: 20 to 29. D: 11 to 19. E: 10 or fewer or no evidence
1. Knowledge, Skills and Development	Surgical experience	A: surgical taster week (at least 5 days, can be non-consecutive) or a student elective in a surgical specialty (at least 4 weeks). B: neither
2. Patients, Partnership and Communication	Communication (one achievement)	A: top prize for an oral presentation at a national or international meeting; first-author PubMed or Web of Science cited paper (not a case report or editorial letter); a face-to-face teaching programme of 4 or more sessions that you designed and delivered; or a surgically themed podcast, webinar or patient information leaflet with

Domain	Item	Indicators
		demonstrable impact. B: oral presentation at a national or international meeting; first-author prize-winning poster; first-author case report or editorial letter, or a published book chapter; an online teaching programme of 4 or more sessions that you designed and delivered; or a podcast, webinar or leaflet with demonstrable impact that is not surgically themed. C: regular teaching (4 or more sessions in a year). D: first-author poster at a national or international meeting; oral presentation at a regional meeting; cited collaborative author. E: none or other
3. Colleagues, Culture and Safety	QI project or audit	A: led all aspects of a surgically themed project that demonstrated change (such as a closed audit loop across at least 2 cycles). B: the same, not surgically themed. C: contributor across multiple cycles that demonstrated change. D: involved in at least one cycle. E: none or other
3. Colleagues, Culture and Safety	Presentation of that project	A: personally presented both cycles, or the intervention and change, at a meeting. B: presented one cycle. C: did not present. Available only if you scored A, B or C for the project itself

Rules that cost points

- Only achievements after starting medical school or your first undergraduate degree count.
- One item per row of the evidence table, one combined PDF per domain, and one achievement per domain. Assessors review only the first item they see in each domain.

- NHS England says assessors have roughly 10 to 15 minutes to review the portfolio, so evidence that is hard to navigate is hard to score.
- Evidence cannot be counted in more than one domain. Oral and poster presentations used in Domain 2 cannot be the same project as the QI or audit used in Domain 3.
- If you use a podcast or webinar as evidence, the link must still work for assessors during March 2027.
- Supervisors' GMC numbers are mandatory wherever the guidance asks for them. Evidence without one scores 0.
- Be careful with electronic signatures. A signature in an editable text box cannot be accepted.
- Patient identifiable data, including hospital numbers and family thank-you letters, scores 0 and can lead to a meeting with the clinical lead and a GMC referral. Redact meeting minutes.
- Publications need a PubMed ID or Web of Science reference. Accepted papers need an acceptance letter without amendments that states the journal is PubMed or Web of Science cited. Book chapters need the cover, ISBN and contents page, or an editor's letter.
- Presentations need slides or a poster, a letter of acceptance or programme, and a certificate of attendance. A meeting where you paid a fee to present without peer review does not count.
- Teaching, podcasts, webinars and leaflets need a consultant's signed letter with their GMC number and the activity dates, and formal feedback must have been reviewed by the consultant.
- QI and audit need a consultant's letter stating your level of involvement, the project presentation or a summary of scope and impact, and a letter of acceptance or programme for the meeting where it was presented.
- Logbook: upload one eLogbook consolidation report covering all specialties, signed on every page by a consultant with their full name, GMC number and date. Exclude observed cases and cases all foundation doctors are expected to have signed off. Do not upload the whole logbook, and check that the case count on the summary matches the list.
- Surgical experience evidence is a signed letter on letterhead from the educational supervisor or nominated consultant that names the placement, hospital, dates, supervisor and GMC number, and describes what you did. A pre-placement acceptance letter does not count.
- Any non-English document needs a certified translation. Report upload problems to the recruitment team at least 48 hours before the portal closes.

The index page: what is on it

The official template (a Word document on the NHS England Medical Hub) has these parts:

- Your name, surname and Oriel PIN.
- A table with one row for each domain (Domain 1: Knowledge, Skills and Development; Domain 2: Patients, Partnership and Communication; Domain 3: Colleagues, Culture and Safety). For each row you record the evidence you uploaded, a description of the evidence submitted, and the indicator you selected.
- A disclaimer, followed by a signature and date. By signing you confirm that the evidence is your own, that you have scored yourself appropriately, that you have uploaded all the

evidence you are relying on, and that only the first pieces of evidence will be used if you upload more. You also confirm that nothing can be uploaded after the deadline.

The official examples say to use the index page as the front sheet of your evidence under each domain, so complete it once and place it at the front of each domain's PDF. Check this against the template and portal instructions when you are invited to interview, because the template lists all three domains in one table.

Uploading to Qpercom

- Upload all documents for a domain as one continuous PDF, under the matching domain on Qpercom.
- Save each file with this tag: Evidence Title, Oriel PIN, surname, first name.
- Keep the domains in order: Domain 1 Knowledge, Skills and Development; Domain 2 Patients, Partnership and Communication; Domain 3 Colleagues, Culture and Safety.
- The panel reviews only a limited amount of evidence per domain. Anything beyond the limit is not looked at, so put the document that earns your indicator first.

How to produce the eLogbook consolidation report

1. Log in to eLogbook.
2. Open the Reports tab under Operative Records.
3. Set Specialty to "Pan Specialty (including all specialties)", Type to "Standard (ordered by frequency of procedure, list all operations)", Format to "Normal", and leave the filter empty.
4. Click "Download consolidation report".
5. Ask a consultant to sign every page with their name, GMC number and the date, before you upload it.

What good evidence looks like

NHS England's examples of portfolio evidence show these items. They are the types of document assessors expect to see:

- Logbook: a signed first page, then the consolidation report with the procedure counts and date range. The signature block has the consultant's name, signature, date and GMC number.
- QI or audit project: a consultant's letter confirming that you led every stage of a multi-cycle, surgically themed audit, from design and criteria selection through data collection and analysis to a presentation reviewed by the audit committee. It states the hospital, dates and impact, and carries the consultant's name and GMC number.
- Presentation acceptance: a letter from the meeting organiser accepting your presentation, or the meeting programme listing it.
- Presentation attendance: a certificate confirming you attended the conference where you presented.

Redact patient names, hospital numbers and similar details before you upload anything.

At the station

- Assessors review your evidence before you join them. NHS England's guidance gives this review time as roughly 10 to 15 minutes.
- You give a pre-prepared 3 minute presentation, followed by 2 minutes of questions on it.
- You are then asked two questions of 5 minutes each. Questions are asked only on Patients, Partnership and Communication, and on Colleagues, Culture and Safety, and they are asked even if you uploaded no evidence for those domains.
- Your portfolio score combines the assessor's score for the evidence and the score for your answers.

Preparation timeline

- October to December: identify the best achievement for each domain, and request supervisor letters and logbook sign-off early. Letters need the supervisor's name, GMC number and dates.
- January: sit the MSRA. Continue collecting evidence and formal feedback.
- 16 February: interview invitations. Book an interview slot on Oriel, first come first served, by the deadline in the invitation.
- 19 February: all achievements complete. Evidence portal opens. Complete the index page.
- 22 February: practical last day to report upload problems, 48 hours before the portal closes.
- 24 February: evidence portal closes. Access is withdrawn and administrators cannot upload on your behalf.

Interview format

Interviews are online on the Qpercom platform between 1 and 10 March 2027, in two 15 minute stations that can be taken in either order.

Station	Content	Panel
Management and Clinical	One management scenario and two clinical scenarios, 5 minutes each. Questions are provided during the interview	2 members, possibly with a lay representative
Portfolio	3 minute presentation, 2 minutes of questions, then two 5 minute domain questions selected by the assessor	3 to 4 members, possibly with a lay representative

- Scoring is 0 to 6 for each item: 0 no evidence, 1 very poor, 2 weak, 3 satisfactory, 4 good, 5 excellent, 6 outstanding.
- Management is marked on probity, professional integrity, safety and ethics; judgement under pressure and prioritisation; and communication.
- Each clinical scenario is marked separately on clinical skills and knowledge; judgement under pressure and prioritisation; and communication.
- The presentation is marked on content, presentation skills and questioning.
- Book a slot on Oriel, or through the EMS link if you have approved adjustments.

- Test your connection and device with the diagnostic tool in advance. Log in and click "choose" 10 minutes before your slot. You wait in a virtual lobby for identity checks.
- Have a passport or UK photo driving licence ready. You must show the whole room by camera to confirm nobody else is present.
- Camera and microphone must be on throughout. The interview is terminated if the panel cannot see you. Recording is prohibited.
- Candidates invited for benchmarking only (for example academic-only candidates or Defence Deanery) receive a score but no rank and no offer.

Preferencing, offers and upgrades

- Preferencing opens by 9am on 8 March and closes at 9am on 22 March 2027. It reopens between offer rounds.
- Initial offers are made through Oriel by 5pm on 6 April 2027, based on rank and preferences, with priority applicants considered first in rank order.
- You have 48 hours (excluding weekends) to accept, reject or hold an offer. Offers made after the hold deadline can only be accepted or rejected.
- The hold deadline is 9am on 9 April and the upgrade deadline is 4pm on 14 April 2027.
- References are requested only after an offer is accepted.
- Scoresheets are released to all candidates on a date to be confirmed. There is no need to request them.
- Your details pass to the local Training Programme Director about 14 weeks before the start date and to the first trust about 12 weeks before.
- Deferred starts and less than full time training are handled through the Medical Specialty Recruitment pages.

Training posts in 2027

- England: recruitment to Improving Surgical Training (IST) posts is paused for 2027. You can preference two-year Core Surgical Training posts, and the places that would have been IST are added back into core recruitment so the number of places is maintained.
- Wales and Scotland: run-through IST continues. Scotland also still offers uncoupled IST pilot posts and run-through IST in General Surgery, Vascular Surgery, Urology, and Trauma and Orthopaedics.
- Northern Ireland recruits separately through NIMDTA.

Promo Code: WEBINAR25

Only 150 code uses are available.



Sources

- NHS England: Core Surgery recruitment timelines
- NHS England: Overview of Core Surgery Training CT1/ST1
- NHS England: Applying for Core Surgery Training
- NHS England: Core Surgery interviews
- NHS England: Core Surgical Training portfolio guidance for candidates
- NHS England: Core Surgical Training CT1 2027 person specification
- NHS England: Prioritisation for 2027 specialty training recruitment
- NHS England: Changes to Medical Specialty Training recruitment for 2027
- NHS England: Shortlisting
- NHS England: 2026 competition ratios