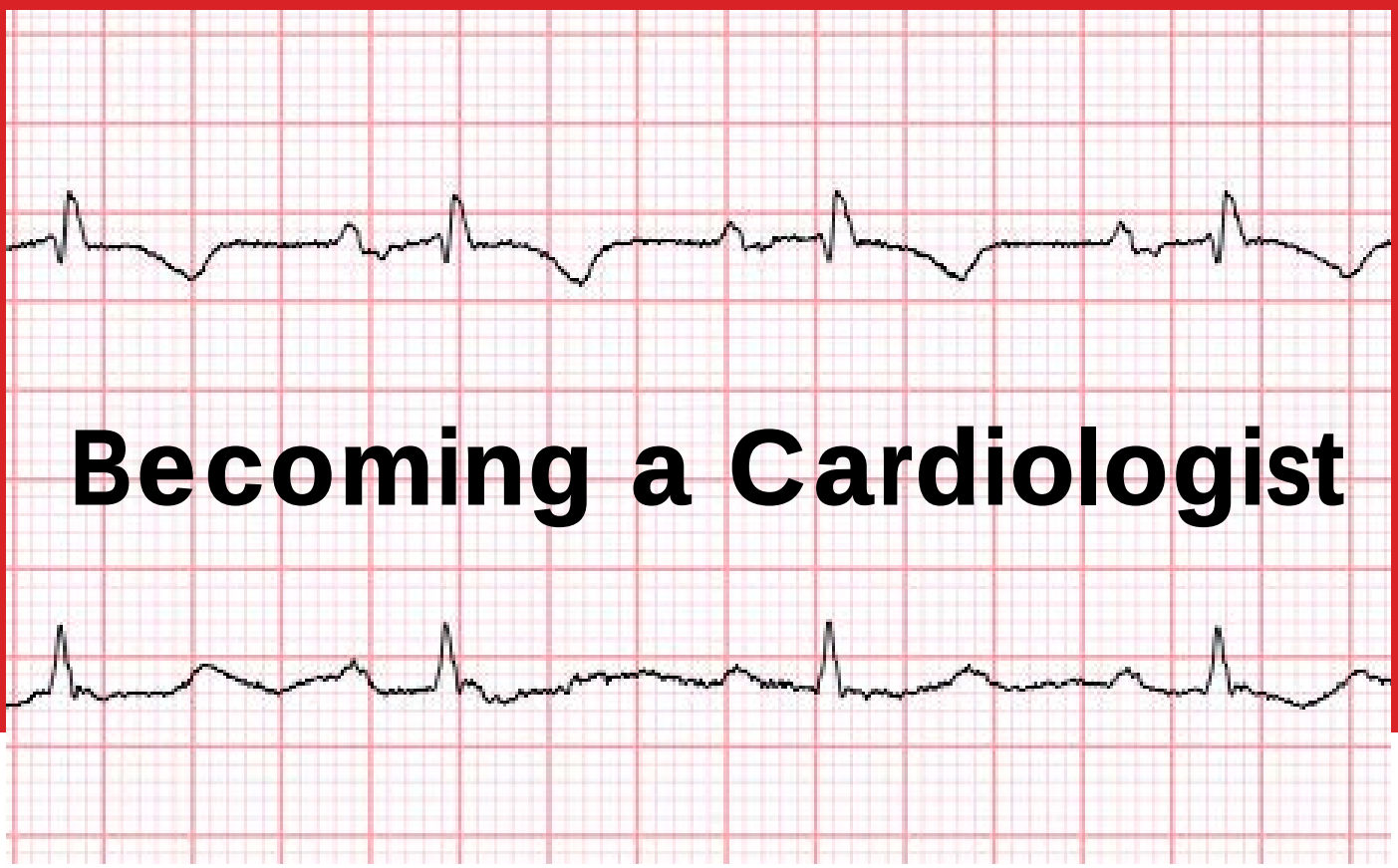

Becoming a Cardiologist

A Guide for Junior Doctors & Medical Students

2025 Edition

By Emily Morris and Fielder Camm

Women in Cardiology
British Cardiovascular Society

BJCA
Tomorrow's Cardiologists

British Cardiovascular Society

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Introduction

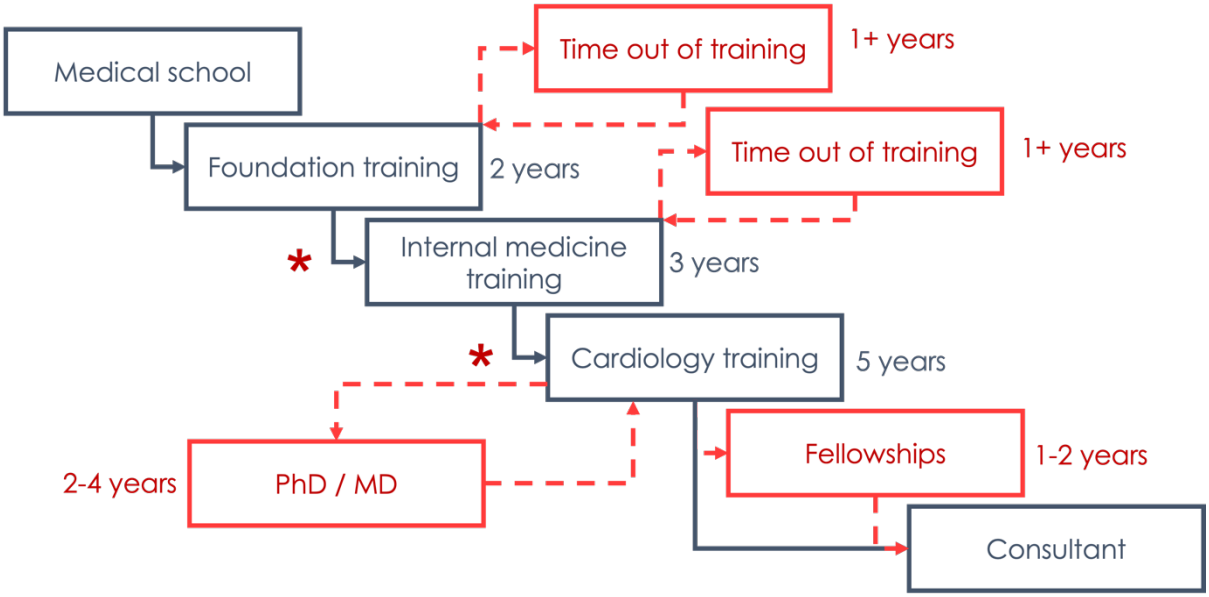
Welcome to the BCS WiC guide to 'Becoming a Cardiologist'! For all those considering a career in Cardiology, we hope that this guide will provide both a broad training overview and in-depth advice of how to maximise your application for both internal medicine and higher speciality training.

After highlighting some of the many reasons to choose cardiology and its subspecialities, this guide will take you through all the steps needed to join our speciality. The guide has been updated to reflect changes for 2025 recruitment: namely removal of additional achievements, leadership and management domains.

We hope that you find this guide useful and welcome any feedback as to how this can be improved for future cohorts!

An overview of the Pathway to Cardiology

As a group 1 speciality, cardiology specialisation requires completion of the internal medicine training (IMT) stage 1 programme prior to progression to higher speciality training. As the following diagram shows, there are several appropriate points for time out of training, research or fellowships in the UK or abroad.



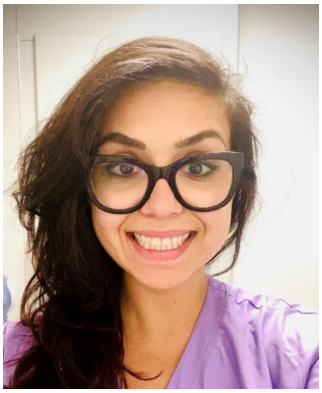
Testimonials – Why I chose Cardiology.

What has really driven me to be an interventional cardiologist is that I have always wanted to be able to make a real and tangible impact on patient outcomes. The idea of being in that privileged position to be able to perform procedures that can save lives or significantly improve quality of life is highly motivating for me and I genuinely believe I wouldn't do anything else. Interventional training is rigorous, but I relished in the challenge and have always believed that you have the ability to achieve anything you put your mind to.

- *Dr Fizzah Choudry, Consultant Interventional Cardiologist*

My choice to specialize in Cardiology stems from a deep-seated passion for improving patient outcomes and advancing medical knowledge. Throughout my career, I've seized every opportunity to immerse myself in Cardiovascular medicine, from research fellowships to clinical training in interventional and structural Cardiology. Advocating for gender diversity in Cardiology and leading healthcare initiatives further solidify my commitment to the field. Fluent in multiple languages, I prioritize effective communication to ensure every patient receives the highest standard of care. My goal as a cardiologist to-be is to make a meaningful impact on patient lives and contribute to the ongoing advancement of cardiovascular medicine

– Dr Sarah Verhemel, Structural Heart Disease Research Fellow



As an imaging cardiologist, I embrace the role of 'detective', crucial for accurate diagnoses and guiding patient management. I thrive in multidisciplinary team settings, influencing decisions across cardiology departments and beyond. The increasing demand for echocardiography and advancements in catheter-based interventions signal a growing field: requiring more interventionalists and imagers as part of the structural heart valve team. Imaging cardiologists contribute significantly to research, enhancing non-invasive disease detection and treatment. For instance, in transthyretin cardiac amyloidosis, imaging has revolutionized early detection and monitoring, offering hope for this once deemed incurable condition. I feel enormously privileged to practice in this dynamic field, where each day brings new challenges and encounters. Leaving my own biases aside, I would urge you at this early stage in your medical career to be a little bit experimental; if you expose yourself to cardiac imaging early, you will very soon be in a much better position to decide whether you like it or not.

- *Dr William Moody, Consultant (Cardiac Imaging and Inherited Cardiovascular Conditions)*

Cardiology appealed to me because it is one of the few medical specialties where you can be involved in almost every aspect of your patient's care. You might be the doctor seeing them in the emergency department starting their treatment, then see them in the cath lab and perform their angiogram, review their imaging, perform their echocardiogram, see their progress as an inpatient and then review them in clinic months later. This requires a larger skill set than most other medical specialities because you need to train as a physician, radiologist, interventionalist. This continuity gives a rewarding and beneficial experience for the physician and the patient and remains the aspect of cardiology I appreciate the most.

- *Dr Sarah Blake, ACHD & Cardiac Imaging Registrar*

You have probably been told a hundred times already how great a career cardiology is! I have to say I agree with this and this is why. You have the opportunity to treat acutely unwell patients and literally save lives. You can deal with all manner of chronic conditions and improve outcomes. I also had the chance to do something brand new in cardiology and be appointed as the first consultant in the country specifically in cardio-oncology which is all about caring for cancer patients with heart issues. As a new area in cardiology, opportunities for research, developing clinical pathways and education are vast. All new entrants into cardio-oncology will be welcomed with open arms so please give it a look!

- *Dr Arjun K Ghosh, Consultant Cardiologist (Cardio-Oncology)*

As a female cardiology registrar pursuing a PhD in heart failure disease, I am constantly drawn to the captivating complexity of the human heart. From the wide range of ages and conditions I encounter, to the diverse array of procedures I have the opportunity to perform, cardiology offers an unparalleled variety that keeps me constantly engaged and intrigued. The chance to delve into research and contribute to a fast-moving field, as well as the opportunity to make a real difference in the lives of patients with acute conditions, all serve to make cardiology an incredibly rewarding and exciting area of medicine. Globally 1 in 13 people live with heart disease, the sheer impact I can have in this field is immeasurable. The constantly evolving nature of cardiology and the chance to work with patients across the spectrum of ages and conditions is what drives my passion for this field, and why I chose to specialise in cardiology as a female doctor.

- *Dr Sarah Birkhoelzer, Heart Failure Registrar*

I decided to apply to cardiology training after doing an FY1 post in Cardiology at a district general hospital. It was the first time I felt like I was making a difference. I had responsibility for my patients, and I was expected to know about their current admission, bloods, investigations and management and present at the weekly meeting. I felt like a valued member of the team. I really enjoyed the acute aspect of making someone critically unwell rapidly better, as well as the long term care that I could deliver for patients with heart failure. I loved the practical procedures and the variety of sub-specialities available to learn and train in. The training was interesting and challenging but I always felt well supported. I have met many great colleagues along the way, and I'm really happy with my career choice.

- *Dr Joanna Grogono, Consultant Cardiologist (Heart failure & Devices)*

I knew I wanted to be a cardiologist after my first week as a F1 on the cardiology wards. I was inspired by the consultants I worked with, and the patients I worked for. Cardiovascular disease really piqued my interest and although it sounds trite, I felt I could really make a difference to this patient cohort. My sub-specialty of cardio-oncology found me, rather than me finding it, but I love the multi-disciplinary nature of my work, and the varied patient presentations and pathologies.

- *Dr Rebecca Dobson, Consultant Cardiologist (Cardio-Oncology)*

I trained as an academic cardiologist, with fellowships funded by BHF, NIHR, and BRC for my PhD and post-doc at Harvard Medical School. After training in Manchester, I received a BCIS international fellowship for complex intervention training in Auckland, NZ, where I also trained in CTCA. I then worked as a consultant in NZ for two years before returning to the UK. My varied career has allowed me to learn from leading experts in the UK, US, and NZ. Currently, I am the Clinical Lead for cardiology, enjoying the leadership and management role immensely. I encourage you all to embark on a career in cardiology and to take every opportunity to learn, help patients, and have fun.

- *Dr Reza Zadeh, Consultant Interventional Cardiologist*

I began my academic life with a degree in Natural sciences and physiology. After a spell in the Army, I retrained in medicine and never seriously considered any other specialty than cardiology. The heart's combination of the fluid dynamics of the pump and valves, the conduction system and drug receptors are a fascination, which demand integrated understanding and offer targets for therapy and optimisation. I work in echo and cardiac CT and have never lost my delight in the power and variety of in vivo imaging of the heart's anatomy (and increasingly, with more advanced processing, its biology as well). It is my passion for physiology, however, that has led me deeper into diagnostic cardiopulmonary exercise testing. Not only does peak exercise capacity offer the best prognostication in medicine, but careful pattern analysis of respiratory gases, ventilation, heart rate and workload expose different pathologies of circulation, lung, muscle and breathing pattern. For me personally, this modality and approach supports my work in aviation and military cardiology. There are many paths to understand and help patients in clinical cardiology and this is reflected in the many different career opportunities. This variety reflects the exquisite complexity of the heart itself.

- *Dr David Holdsworth, Consultant Cardiologist*

Summary of IMT and Higher Speciality Training Recruitment Criteria

Both IMT and cardiology speciality training applications use a self-assessment scoring framework for interview shortlisting. As a group 1 speciality, cardiology recruits via the physician higher speciality training (ST) self-assessment scoring framework. While the IMT and higher ST criteria are largely the same, different criteria are required for the quality improvement domain. Speciality training shortlisting criteria also includes a domain for MRCP assessment progress.

For both frameworks, scoring is based upon each candidate's self-assessment of their achievements in each domain. Only the highest scoring achievement in each domain will be counted and achievements must have been completed at the time of application. For example, you cannot therefore claim for a scheduled presentation not yet given. Publications are the exception to this rule, as they can be counted if they have been completely accepted and are 'in press'.

In the following sections, each scoring domain will be taken in turn: first detailing the points available and then strategies to maximise scoring. A summary of all the categories and available points is provided in appendix 1.

Presentations & Publications

Presentations: ST & IMT Scoring Criteria

6 points: oral presentation where you were first or second author at a national or international medical meeting

4 points: poster in which you were first or second author was shown at a national or international medical meeting

3 points: oral presentation in which you were first or second author was given at a regional medical meeting

2 points: oral presentation or poster in which you were first or second author was given at a local medical meeting

2 points: poster in which you were first or second author was shown at a regional or local medical meeting

Please note that points can be given even if you did not personally present or show the presentation/poster

Publications: ST & IMT Scoring Criteria

8 points: first author, joint-first author or corresponding author, of one or more PubMed-cited original research publication (or in press)

6 points: co-author of one or more PubMed-cited original research publication (or in press)

5 points:

- first author, joint-first author, corresponding author or co-author of more than one PubMed-cited other publications (or in press) such as editorials, reviews, case reports, letters, etc
- Author of one or more chapters of a book related to medicine in its broadest sense (does not include self-published books)

3 points: first author, joint-first author, corresponding author or co-author of one PubMed-cited other publication (or in press) such as editorials, reviews, case reports, letters, etc

1 point: published one or more abstracts, non peer-reviewed articles or published articles that are not PubMed-cited

To score, publications must be cited in PubMed. Cochrane reviews can be regarded as equivalent. Medical books do not require PubMed citation

The challenge for this domain is the lag time from project proposal to eventual publication and/or presentation. Unless you intend to complete a specialised foundation programme, Medical School offers the most flexible time to complete the research required for publication or presentation. Historically, many students achieved this during intercalated degrees. For those choosing not to complete an intercalated degree, student selected modules or elective periods offer other opportunities to complete research.

Most research projects will require a contact who could act as or suggest a research supervisor. Some medical schools can provide a list of research groups amenable to medical students joining. Alternatives may include speaking to final year medical students or junior doctors who have completed research projects to see if their research groups have opportunities for projects. Failing that, persistence in emailing

local research groups or reaching out to labs on social media (such as Twitter) also offers the chance of a project without an intermediary contact. Even if these contacts cannot offer a project, they can often help to direct you to a group or person who may be able to help.

When you find a suitable project, it is important to ensure that both you and your supervisor have clear expectations of the time you will be able to offer a project and the desired output (ideally publication or presentation). Clear conversations at the outset of a project should help to ensure that your efforts are appropriately acknowledged and rewarded.

It is also worth bearing in mind that while contribution to a *national* audit may result in publication, this is unlikely to be as first or second author.

Additional Achievements

This domain was removed for shortlisting for both IMT and HST from 2025.

Post-graduate Degrees

ST & IMT Scoring Criteria

4 points: PhD or MD by research

3 points: Masters level degree lasting 8 months or longer full time

1 point: other postgraduate certificates or diplomas between 1 and 10 months duration. Teaching qualifications do not count for this section (scored in Training in Teaching). *Membership exams (e.g. MRCP) cannot be claimed. Intercalated degrees cannot be scored in this or any other section of the application.*

While many applicants may hold an additional degree, intercalated degrees do not count for self assessment scoring. They can however be disclosed for consideration at the interview stage.

The easiest (and cheapest) way to achieve a point in this domain is to complete an SFP (Specialised Foundation Programme) or FPP (Foundation Priority Programme) which includes a post-graduate certificate (not all SFP or FPP include this). Most commonly this may be a Post-Graduate Certificate in Medical Education or Research. While the former will not count for this section, it will gain 3 points under the 'Training in Teaching' section.

PhD or Masters level degrees represent a significant financial investment and typically require time out of training, although some candidates may complete these prior to entering the foundation programme. Typically, such degrees are held by candidates prior to entering foundation training or are completed due to a candidate's particular research or wider medical interest.

Teaching

ST & IMT Scoring Criteria

Teaching is split into Teaching Experience and Training in Teaching.

Teaching Experience:
5 points: worked with local tutors to organise a teaching programme (a series of sessions) for healthcare professionals or medical students on which you regularly taught over a period of approximately three months or longer. You have evidence of formal feedback (Teaching observation form or 'Developing the Clinical Teacher')

3 points: regular teaching for healthcare professionals or medical students, as part of a defined programme/course, over a period of approximately three months or longer. You have evidence of formal feedback

1 point: taught medical students or other healthcare professionals occasionally. You have evidence of formal feedback.

Training in teaching:
3 points: higher qualification in teaching eg PG Cert or PG Diploma.

1 point: training in teaching methods which is below the level of a PG Cert or PG Diploma

For 'Teaching experience' it is important to note there is no set timescale for the regularity and length of sessions, but a lasting commitment should be demonstrated from your experience. To provide evidence for teaching, feedback should be provided. This can be evidence of senior observations (most commonly via Developing the Clinical Teacher forms on Horus) or through participant feedback forms which have been independently verified. Such independent verification is ideally supported with a confirmatory letter from course organisers or local tutors. For ST scoring, you must also provide a letter confirming your contribution to the course alongside a course/programme timetable.

As expected, to score maximum points in teaching experience, a significant and ongoing time commitment is needed. For some candidates, this time is most easily sought during medical school where SSMs could be used for medical education. In some universities, final years may be given timetabled hours allocated to teaching younger clinical years as part of a MedEd programme.

Alternatively, many foundation doctors are recruited by local medical schools to assist with clinical teaching and examinations. If you are not contacted, you could always reach out to the institution to offer teaching directly. If a central university does not have available opportunities, but they are a collegiate institution, reaching out to individual colleges is another alternative.

For training in teaching, the easiest (and cheapest) way to gain points is to complete an SFP/FPP which offers a PG certificate as an incentive. Otherwise, scoring in this sub-domain will require a financial and time investment. For those wishing to pursue teaching as a core part of their practice, completing such qualifications early can make it easier to achieve teaching positions within a deanery or medical school. For those less focused on teaching, training days on medical teaching are periodically

advertised locally and nationally which would gain 1 short-listing point with a reduced investment.

Quality Improvement

IMT Scoring Criteria

4 points: Involvement in all stages of two cycles of a quality improvement project

3 points: Involvement in some stages of two cycles of a quality improvement project OR involved in all stages of a single cycle of a quality improvement project

1 point: Involvement in some stages of a single cycle of a quality improvement project

ST Scoring Criteria

4 points: Involvement in all stages of two cycles of an original quality improvement project where you can demonstrate a leadership capacity by supervising other members of the team.

3 points: Involvement in all aspects of two cycles of a QI project.

1 point: Participating in QI activity - this requires involvement in one aspect of a completed, multi-cycle QI project OR involvement in two or more aspects of a single cycle QI project

For the quality improvement domain, it is important to note that your project must show use of a recognised QI methodology. This would be PDSA cycles or equivalent. For ST applications, evidence of QI is ideally submitted using a QIPAT form: Quality Improvement Assessment Tool (QIPAT) | JRCPTB.

For QI, particularly the leadership domains required for ST, the challenge may be in finding an appropriate area or topic for the project and completing two improvement cycles. If you do not have a placement in cardiology, this could be accomplished through discussions with local cardiologists and finding mentors to provide guidance during this process. As a good starting point, the BCS WiC regional representatives may be able to provide local contacts or guidance themself. You can contact your local rep via wic@bcs.com or the WIC website Women In Cardiology | About Us

Leadership

This domain was removed for shortlisting for both IMT and HST from 2025. However, evidence of relevant Leadership experience remains relevant in the interview. This is particularly for cardiology HST interviews as an example of commitment to speciality.

For IMT applicants, leadership positions could be as a student or foundation representative on a national/regional speciality committee, or as an executive committee member in a national/regional student committee. Such example committees may include the British Undergraduate Cardiovascular Society (BUCA), the British Cardiovascular Society (BCS), or any of the BCS affiliated societies listed at Affiliated Societies | BCS (britishcardiovascularsociety.org).

Non-speciality specific leadership positions may include BMA national executive or even charity/sports/art leadership positions at a national or regional level. If you choose to develop a teaching programme, this would both demonstrate leadership impact and provide maximal points for the teaching experience domain.

Commitment to Speciality

ST Scoring Criteria

As of 2024, Cardiology will not assess commitment to speciality as part of the shortlisting process. Commitment to speciality is assessed as part of the interview.

IMT Scoring Criteria: Domain not assessed

Commitment to speciality is assessed at the interview stage for cardiology speciality training. There are no set 'scoring' activities: a holistic assessment is undertaken considering both the duration and intensity of commitment to cardiology. Particular credit is given for activities and achievements which do not require a financial outlay nor arise due to placements undertaken.

Activities may include:

- Completion of taster weeks
- Engagement and leadership roles with University-specific cardiology/cardiovascular societies
- Committee positions with organisations such as the British Undergraduate Cardiovascular Society (BUCA), the British Cardiovascular Society (BCS), or any of the BCS affiliated societies listed at Affiliated Societies | BCS (britishcardiovascularsociety.org)
- Research projects or audits completed within the field
- Awards, competitions, scholarships or trainee prizes within the speciality
- Attendance of speciality-specific conferences and events: as a delegate or presenter (please see Opportunities within Cardiology section for a list)
- Self-directed learning at speciality-specific webinars or completion of e-learning modules
- Getting involved with a cardiology-related charity

MRCP

ST Scoring Criteria

8 points: passed both MRCP(UK) Part 2 Written and PACES or a stated alternative on the person specification

6 points: passed MRCP(UK) PACES but not Part 2 Written or a stated alternative on the person specification

2 points: passed MRCP(UK) Part 2 Written but not PACES or a stated alternative on the person specification

IMT Scoring Criteria: Domain not assessed

Passing all parts of the MRCP examination are required before you can enter specialty training. However, you can apply to cardiology prior to completing your membership exams. The application system provides up to eight points for having completed different aspects of the MRCP examinations. As a result, it is worth prioritising obtaining your membership examinations as soon as you can during training (examinations can be taken from FY2 onwards).There are many question banks, books, and courses that can be used to help you prepare for the different components of these examinations.

Timeline of Opportunities for Achieving Recruitment Criteria

To help put the above advice on domain scoring into a practical context, the following is a rough guideline as to what activities could be completed to maximise point scoring criteria for IMT and ST applications. It is important to note that candidates are not expected to achieve maximal points in each domain, and each individual will prioritise different domains and activities based on their own experiences and interests. The timeline here is a rough suggestion which each applicant can tailor themselves.

What if I didn't decide to do cardiology at the start of medical school?

People choose their specialties at a point that makes sense for them. The below guide gives advice for all stage of early medical training. However, it's very normal to decide on your specialty of choice during the foundation programme or IMT. If you make your decision during the foundation programme or IMT there is more than enough time to make your application great. If you feel you need more time to get your application together, you can always take on FY3 or junior clinical fellow roles in a cardiology department before applying to a specialty training programme.

- **Medical School Years 1-2**
  - Join a speciality-specific society, which may facilitate later executive position appointments or applications to national committees.
  - Explore what research opportunities are available to medical students alongside studies or as part of intercalation. Decide if you wish to intercalate.

- **Medical School Interim years**
  - Arrange SSMs/Elective within cardiology (bonus points if leads to publication/presentation opportunities)
  - Aim to be part of a research group, working on a project which may allow for presentations/publications. To count for SFP applications, publications will have to be submitted at the latest by the start of your penultimate year of medical school.
  - Engage with BUCA and consider applying for committee positions
  - Decide if you wish to pursue an SFP or FPP: Specialised Foundation Programme (SFP) - UK Foundation Programme, Foundation Priority Programme (FPP) - UK Foundation Programme

- **Final Year Medical School**
  - Consider Leadership positions with speciality-specific society
  - Arrange SSMs/Elective within cardiology (bonus points if leads to publication/presentation opportunities)
  - Investigate opportunities for MedEd teaching positions - aim for a contribution lasting > 3 months.

- **FY1**
  - Attend cardiology conferences and begin to build a network of local cardiology trainees.
  - Explore if any ongoing audits have opportunities for contribution.
  - Approach local medical schools to determine if there are any teaching opportunities available. Collaborate with other foundation doctors to devise a 3-month teaching programme.
  - Arrange taster week within cardiology.
  - Aim to finalise presentations/publications if aiming for IMT shortlisting points.
  - Investigate what options are available for post-graduate certificates (e.g. in Medical Education), if interested.
  - Consider applying to national speciality committees - especially those with foundation doctor representatives.

- **FY2**
  - Complete your compulsory audit in cardiology (bonus points if it could be the second cycle of an audit you contributed to in FY1). Consider opportunities for presentation.
  - Arrange taster week within cardiology if not completed in F1.
  - Continue teaching activities.
  - Investigate what options are available for post-graduate certificates (e.g. in Medical Education), if interested
  - Consider applying to different leadership positions or national speciality committees - especially those with foundation doctor representatives.
  - Attend a cardiology-specific conference (e.g. the BCS Annual Conference).
  - Apply for IMT and select positions that involve a cardiology rotation and, ideally, other placements in related specialties (e.g. respiratory medicine, acute medicine, intensive care medicine).

- **IMT**
  - If not already started, begin the process of passing your membership examinations. The timing of applications will need planning as there are only a set number of sittings per year.
  - Continue teaching activities.
  - Consider approaching cardiologists in your local hospital to look for projects that could lead to presentations and/or publications.
  - Focus on commitment to specialty during your IMT1 and 2 years as this plays an important role in specialty selection.

IMT & Higher Speciality Training Interview Guidance

There are a large number of resources available for interview guidance and preparation. The interview style and questions asked change frequently. Here we've provided some tips:

1. Make sure you've looked at the official guidance regarding the current interview format
2. Speak with new cardiology registrars who will be able to provide the most up to date knowledge of the interviews
3. Try and arrange practice interviews with cardiology consultants in the hospital you're working in
4. Practise your answers for common questions: there will always be a clinical station which will normally focus on your ability to recognise and manage common but important cardiology situations
5. Know your achievements, spend time thinking about how you're going to present them and how you can demonstrate your enthusiasm for the specialty.

Opportunities within Cardiology

For those interested in cardiology, there are a wealth of resources, conferences and training opportunities available. While the following is a short list of suggestions, the BCS and BCS WiC website will always have an up-to-date list of available events.

Conferences:

- BCS Annual Conference
- European Society of Cardiology Conference
- A range of international conferences are available, but at added expense:
    - CMR 2024 - The global CMR conference
    - Heart failure 2024
    - ESC Preventive Cardiology 2024
    - EuroEcho-Imaging 2024

Training courses:

- BCS cardiology for undergraduates
- BJCA Starter in Cardiology

Online learning resources:

- BJCA.tv
- BCS knowledge hub

Contacts:

To contact the WiC committee or one of our local reps, please email wic@bcs.com or get in touch via the WIC website [Women In Cardiology | About Us]

Appendix 1: Summary of IMT and Higher Speciality Training Recruitment Criteria

Category	IMT Criteria	ST Criteria
Presentations	6 points: oral presentation where you were first or second author at a national or international medical meeting 4 points: poster in which you were first or second author was shown at a national or international medical meeting 3 points: oral presentation in which you were first or second author was given at a regional medical meeting 2 points: oral presentation in which you were first or second author was given at a local medical meeting 2 points: poster in which you were first or second author was shown at a regional or local medical meeting Please note that points can be given even if you did not personally present or show the presentation/poster	**Same as IMT**: 6 points: oral presentation where you were first or second author at a national or international medical meeting 4 points: poster in which you were first or second author was shown at a national or international medical meeting 3 points: oral presentation in which you were first or second author was given at a regional medical meeting 2 points: oral presentation in which you were first or second author was given at a local medical meeting 2 points: poster in which you were first or second author was shown at a regional or local medical meeting Please note that points can be given even if you did not personally present or show the presentation/poster
Publications	8 points: first author, joint-first author or corresponding author, of one or more PubMed-cited original research publication (or in press) 6 points: co-author of one or more PubMed-cited original research publication (or in press)	**Same as IMT**: 8 points: first author, joint-first author or corresponding author, of one or more PubMed-cited original research publication (or in press) 6 points: co-author of one or more PubMed-cited original research publication (or in press)

	5 points: first author, joint-first author, corresponding author or co-author of more than one PubMed-cited other publications (or in press) such as editorials, reviews, case reports, letters, etc 5 points: I have written one or more chapters of a book related to medicine in its broadest sense (does not include self-published books) 3 points: first author, joint-first author, corresponding author or co-author of one PubMed-cited other publication (or in press) such as editorials, reviews, case reports, letters, etc 1 point: published one or more abstracts, non peer-reviewed articles or published articles that are not PubMed-cited To score, publications must be cited in PubMed. Cochrane reviews can be regarded as equivalent. Medical books do not require PubMed citation	5 points: first author, joint-first author, corresponding author or co-author of more than one PubMed-cited other publications (or in press) such as editorials, reviews, case reports, letters, etc 5 points: I have written one or more chapters of a book related to medicine in its broadest sense (does not include self-published books) 3 points: first author, joint-first author, corresponding author or co-author of one PubMed-cited other publication (or in press) such as editorials, reviews, case reports, letters, etc 1 point: published one or more abstracts, non peer-reviewed articles or published articles that are not PubMed-cited To score, publications must be cited in PubMed. Cochrane reviews can be regarded as equivalent. Medical books do not require PubMed citation
Additional Achievements	No longer included in shortlisting matrix from 2025.	No longer included in shortlisting matrix from 2025.
Post-graduate degrees	4 points: PhD or MD by research 3 points: Masters level degree lasting 8 months or longer full time 1 point: other postgraduate certificates or diplomas between 1 and 10 months duration. Teaching qualifications do not count for this section (scored in Training in Teaching).	**Same as IMT:** 4 points: PhD or MD by research 3 points: Masters level degree lasting 8 months or longer, full time 1 point: other postgraduate certificates or diplomas between 1 and 10 months duration. Teaching qualifications do not count for this section (scored in

	Membership exams (e.g. MRCP) cannot be claimed. Intercalated degrees cannot be scored in this or any other section of the application.	Training in Teaching). MRCP cannot be claimed here.
Quality Improvement	4 points: Involvement in all stages of two cycles of a quality improvement project 3 points: Involvement in some stages of two cycles of a quality improvement project OR involved in all stages of a single cycle of a quality improvement project 1 point: Involvement in some stages of a single cycle of a quality improvement project	Different to IMT: 4 points: Involvement in all stages of two cycles of an original quality improvement project where you can demonstrate a leadership capacity by supervising other members of the team. 3 points: Involvement in all aspects of two cycles of a QI project. 1 point: Participating in QI activity - this requires involvement in one aspect of a completed, multi-cycle QI project OR involvement in two or more aspects of a single cycle QI project
Teaching	Teaching is split into Teaching Experience and Training in Teaching. **Teaching Experience:** 5 points: worked with local tutors to organise a teaching programme (a series of sessions) for healthcare professionals or medical students on which you regularly taught over a period of approximately three months or longer. You have evidence of formal feedback (Teaching observation form or 'Developing the Clinical Teacher' 3 points - regular teaching for healthcare professionals or medical students, as part of a defined programme/course, over a period of approximately three	**Same as IMT:** **Teaching Experience:** 5 points: worked with local tutors to organise a teaching programme (a series of sessions) for healthcare professionals or medical students on which you regularly taught over a period of approximately three months or longer. You have evidence of formal feedback. 3 points - regular teaching for healthcare professionals or medical students, as part of a defined programme/course, over a period of approximately three months or longer. You have evidence of formal feedback 1 point: taught medical students or other healthcare professionals

	months or longer. You have evidence of formal feedback 1 point: taught medical students or other healthcare professionals occasionally. You have evidence of formal feedback. **Training in teaching:** 3 points – Higher qualification in teaching e.g. PG Cert of PG Diploma. 1 points - Training in teaching methods which is below the level of a PG Cert or PG Diploma	occasionally. You have evidence of formal feedback. **Training in teaching:** 3 points – Higher qualification in teaching e.g. PG Cert of PG Diploma. 1 points - Training in teaching methods which is below the level of a PG Cert or PG Diploma
Leadership	No longer included in shortlisting matrix from 2025.	No longer included in shortlisting matrix from 2025.
Commitment to Speciality	Not considered	As of 2023, Cardiology will not assess commitment to speciality as part of the shortlisting process. Commitment to speciality is assessed as part of the interview.
MRCP	Not considered	8 points: passed both MRCP(UK) Part 2 Written and PACES or a stated alternative on the person specification 6 points: passed MRCP(UK) PACES but not Part 2 Written or a stated alternative on the person specification 2 points: passed MRCP(UK) Part 2 Written but not PACES or a stated alternative on the person specification